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AMA Transcript: Professor Steve Robson doorstep, Friday 3 February 2023

Subject: Strengthening Medicare Taskforce Report

Hello, I'm Steve Robson, Federal President of the Australian Medical Association. Today we saw the release of the Strengthening Medicare Taskforce report. It's had quite a long genesis. We welcome the release of the report and certainly a number of the initiatives in the report - good, long-term initiatives that we think will strengthen Medicare over the years to come. Problem is, there is absolutely nothing in the report, as released today, that will allow Australians who are struggling to see a GP or struggling to afford to see a GP, see that GP any more quickly, any more affordably, and Australians who are waiting for operations and surgery to relieve pain to have these procedures any more quickly. So, while the report is very welcome and certainly has changes that will strengthen the system that we know, there is absolutely nothing in the report at the moment that will provide anything immediate, and that is what we need.

We know that the Budget is coming in May and Australians expect that this is going to be a health budget. That's what they need, what they want to see. And we've seen the Prime Minister and the premiers and chief ministers acknowledge that health is one of the highest priorities of the National Cabinet, we're just a little surprised not to see that today.

QUESTION: The Health Minister has made clear there's \$750 million on the table for now in the Budget. Is that enough to do anything substantial?

STEVE ROBSON: So \$250 million a year over three years is a very good starting point. There's no doubt. And there are initiatives that will improve the relationship between patient and general practitioner. And the report emphasises the fact that the GP is the linchpin of the healthcare in the country. But all of the reforms the Minister himself has said, these are going to take a long time, potentially years to implement, and none will any immediate impact on making healthcare affordable and accessible tomorrow for Australians.

QUESTION: Do you think we'll see more GP surgeries closing? Obviously a lot of these are long-term measures and short-term figures patched up and so on. Do you think that'll still going to happen in the short term?

STEVE ROBSON: We know that for years, the Medicare system in general practice has been neglected and severely neglected. There has been a freeze that was started by a Labor government, continued by the Coalition government and continued. And since that freeze was lifted, the rebates available to patients have grown at a snail's pace. This has put enormous financial pressure on general practices, and we can see around the country tales of general practices are just not making ends meet. So there's nothing in the report as it stands at the moment that's going to deal with that crisis and make it easier to see a GP.

QUESTION: The Minister said today that he's no longer ruling out an increase in the Medicare rebate. Would \$250 million buy you even a \$1 increase in your Medicare rebate?

STEVE ROBSON: At the last indexation, the increase for common GP item numbers was less than a dollar. At a time where inflation's running at extraordinary levels, there is going to need to be a substantial investment in GP rebates if we're going to make care affordable and accessible to the most vulnerable Australians who need care most commonly.

QUESTION: How much?

STEVE ROBSON: It's very difficult to put a figure on it. It will be a lot. When we analysed what had been taken out of Medicare over the last couple of decades, for a single GP consultation item number, it was \$8 billion. So there's been a gutting of Medicare rebates over time. The Government is going to have to work out how it deals with this and makes care affordable for Australians.

QUESTION: Did you expect a more substantial announcement today?

STEVE ROBSON: We knew that the Strengthening Medicare Taskforce was going to be released soon, but as we went into the meeting, we were hearing talk from all of the premiers, chief ministers, and the Health Minister that health is the highest priority for the Government at the moment and Australians can see the crisis the health system is in. We were surprised to see nothing more come out of it. We had the most powerful political leaders in the country, all in one room. Doesn't seem they could agree on anything.

QUESTION: So are you disappointed by today's outcome?

STEVE ROBSON: I think we welcome the release of the Strengthening Medicare Taskforce, but that is a long-term vision. The things in it are useful, valuable, and we support them, but there is nothing in announcements today that is going to help a single Australian tomorrow.

QUESTION: Do you have any concerns about, you know, giving up care that GPs would normally have administered to other health practitioners? Obviously New South Wales colleagues have.

STEVE ROBSON: So one of the key principles that's articulated in the Strengthening Medicare Taskforce report is what's called a medical home, and it says the way forward on this is to have a GP build a team around them. We think that other allied health professionals certainly have a role to play and can certainly work at the top of their scope. But the way to do that is to build a team, not a silo. So having, for example, pharmacy prescribing, where a pharmacist is not qualified to diagnose anything at all. In their own silo, prescribing just doesn't make sense. There's a very good reason that there is a natural break between prescribing a medication and dispensing it. And we don't think that breaking that silo adds anything. In fact, it just adds another layer of complexity and potential cost.

QUESTION: We've just heard from the Minister that he wants an end to the turf wars between different types of medical practitioners. It sounds like- what would the AMA do on that?

STEVE ROBSON: We want an end to turf wars as well, and the way to do that is to build a team. It's not to just silo care so that one group does something by themselves; it's to build a team, what we call a medical home. And it's particularly to patients with the most complex

conditions. And we know as Australians age and they develop more chronic conditions - for example, mental health conditions, diabetes, and so on - that team-based care is the way to go. Fragmented care and letting some professional groups, for example, pharmacy prescribing on their own, just doesn't make sense.

QUESTION: But isn't prescribing- mainly prescribing just doctors and GPs, isn't that a silo in itself? I mean, Mark Butler said you're open to this. Are you concerned?

STEVE ROBSON: The issue is that patients don't walk into a pharmacy with their diagnosis written on their forehead. Patients go in with conditions. GPs are trained to diagnose, work out what the problem is, and to prescribe, and they don't actually have any financial incentive to prescribe it all. Their incentive is to get patients well. When you have a situation where a pharmacist isn't trained to diagnose anything, doesn't have access, for example, to tests that will help clarify diagnosis, and also has a financial incentive to prescribe something they can sell you, we think that's not ideal. We're all about building teams that put patients at the front.

QUESTION: What if they have training? What if they are trained, and there's tests, and we do bulk up with what they can do? Would you be open to that?

STEVE ROBSON: Certainly, we're seeing situations where a team is built, where pharmacists are given training and they work in concert with medical practitioners to prescribe. There are announcements about these recently. We think they're worth investigating. Siloing and just letting professional groups run free on the prairie by themselves doesn't make sense.

QUESTION: We're talking about, you know, billions of dollars to address what these GP- I guess GP shortfalls, gap fees, all those sorts of things. Mark Butler has not ruled out increasing the rebate, but it sounds like you're going to be quite a gulf between what you want and what the Government might end up doing. Do Australians just need to get used to having to pay quite a bit to go see their GP where they might not have had to in years past? Do they have to get used to just lining up for weeks waiting for an appointment?

STEVE ROBSON: It's a really good question, and one of the problems we've got is if we don't invest now in general practice by the time all of the reforms that are in the Strengthening Medicare Taskforce come to fruition, we're all going to be standing around a rotting carcass of what used to be Medicare. We need to resuscitate things now if we're going to have scope to deal with the other things in the taskforce report.

QUESTION: I guess realistically, though, like even if the Government does pour all this money in, like it seems billions and billions of dollars, like is it going to just have to be a thing where Australians can't just rock up to a doctor anymore or a GP [indistinct]? Is that just the reality?

STEVE ROBSON: I think that's a real risk and if you look at the NHS, underfunding and under-resourcing is a major issue. We don't want to go down that pathway. (Do you mind if I grab a water just for one second?)

[Unrelated - Steve Robson drinking water]

QUESTION: The report makes clear that Medicare currently rewards episodic care and throughput. How easy is it to unpick that system? How- or is that going to be a very long term, very complex process that completely reshapes the way that GPs make money?

STEVE ROBSON: We need to look at blended funding for these things.

[Unrelated - crew adjusting camera]

We need to look at blended funding, particularly for Australians who have chronic and complex health conditions, and we know that these are more and more common. And it's going to incentivise efficiency in care, having the same doctor look after somebody and to build a team to provide care around them. That reform is important. It can be done, but it's not a thing you'll do overnight.

QUESTION: I mean everyone keeps saying we've been told this for 10 years. This report should've been the Minister's incoming brief. We've wasted seven or eight months having a bunch of people get together to talk about it and we still have no concrete proposals. The AMA can't even tell you how much the Medicare rebates should go up. You can't even tell us. You know, if you move to this blended care, how much of a GP practice get to employ a nurse or a physiotherapist? I mean, where are we going to get some specifics and some real action?

STEVE ROBSON: I couldn't agree more. We need real action now.

QUESTION: [Interrupts] Well, I'm asking you. How much should the Medicare rebate go up by?

STEVE ROBSON: It's a really good question. And...

QUESTION: [Interrupts] Well, what's the answer to it?

STEVE ROBSON: The way I look at it is that the cost of doing nothing is going to be much greater than the cost of doing something. And we need to look at financial reform that's going to deliver for Australians now.

QUESTION: Now can you understand why the public is just frustrated? No one will answer any of these questions. I mean, if you don't have the answer to that question, who does? You're the head of the AMA.

STEVE ROBSON: Yep.

QUESTION: You represent the doctors. You can't tell me how much the Medicare rebate should go up.

STEVE ROBSON: The Medicare rebate has not been indexed for 10 years. If you look at, for example, its starting point 20 years ago, and where if it had been indexed, for example, just with inflation, let alone health inflation, it's going to be much greater, perhaps three times greater than it is at the moment. It's not realistic to expect that can happen overnight. It's probably going to have to be stepped. But that's the magnitude that the Government has taken out of Medicare over the years. We need to get back to a point where it's affordable for all Australians and it's viable for general practices to actually function as businesses.

QUESTION: So what was the realistic overnight announcement that you were meant to see today? You were saying you wanted to see a kind of immediate announcement today. What is that and what would have been realistic to that?

STEVE ROBSON: So what we'd like to have seen today is an announcement that there will be a retrospective indexation of Medicare rebates for consultation item numbers that would reflect the cost of care, having accounted for all of the- the fact that it's been frozen and hasn't been indexed for years properly.

QUESTION: So putting that 8 billion back in?

STEVE ROBSON: That's just one item number. Yeah, absolutely.

QUESTION: Did the report do enough to cover issues facing GP clinics in rural and regional areas? At the moment, books are closed for many towns.

STEVE ROBSON: Absolutely. It's absolutely critical that we understand the problems that people in our cities face in accessing care are magnified for people in rural and regional Australia. There certainly hasn't been anything in the report today that addresses that and that's another key issue. There are just so many issues in the space at the moment.

QUESTION: Do you think that's concerning, particularly given Alice Springs, things like that - we're seeing a huge pressure on some very specific hospitals? Nothing in the report now. Do you think that's a disappointment?

STEVE ROBSON: I think rural Australians be looking to the Government and saying: look, you've been in government long enough now, it's 2023. You need to own this problem. You need to have a national plan. You need to deal with this now. We just can't blame former governments anymore.

QUESTION: Would you like to see the Government provide GP clinics with more assistance in regional and rural areas to provide funds for administrative staff? I know that's something that has been raised previously. I didn't really see too much in the report today about that.

STEVE ROBSON: Yeah, general practices are by and large small businesses. They have all of the administrative and compliance burden of small businesses. If you want them to be viable, you need to deal with that.

QUESTION: And especially with the myGov increases as well in regional and rural areas, will that increase the workload and thus increase what compliance would have to be done?

STEVE ROBSON: Yeah, dealing with compliance costs money. It takes staff, it takes staff time. So dealing with all these things, another aspect of keeping general practice viable so Australians can see a GP when they need to affordably. Cheers, thanks everyone

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