

TRANSCRIPT

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Transcript: AMA Queensland President, Dr Nick Yim, ABC Radio Brisbane, Drive with Ellen Fanning, Friday 7 February 2025

Subjects: Productivity Commission data on bulk billing, elective surgery wait lists

ELLEN FANNING: With the Federal Election due to be called in coming weeks, Anthony Albanese has been flagging a boost in bulk billing and the GP workforce as a key part of his re-election platform, and, it would seem, the latest Productivity Commission data on our health system points directly at both issues here in Queensland. That Productivity Commission report today found less of us, fewer of us, are accessing bulk billed GP appointments. More of us are therefore skipping visits to the doctor due to the rising cost of going.

Dr Nick Yim is the President of the Queensland branch of the Australian Medical Association. Nick, let's start with bulk billing. In 2021-22 financial year more than 60 per cent of GP visits in Queensland were fully bulk billed. The latest figures have that down to 45 per cent. Have incentives just not worked?

DR NICK YIM: Good afternoon. So, what we're hearing and what we're seeing across the state is definitely the rising cost of living, and GP practices aren't immune to that. What we're seeing is wages increasing, we're seeing mortgages increasing and obviously consumables increasing. At the same time, the patient's Medicare rebate just has not kept up with the times, which is the reason why we're seeing increased out-of-pocket expenses, unfortunately, to our patients.

ELLEN FANNING: Remind us, though, what incentives has this government thrown at the problem to try and turn it around, as you say, in a highly inflationary environment for everybody?

DR NICK YIM: The federal government has in some instances increased the bulk billing incentive. But to remind your listeners, that incentive is only a small component of that patient's Medicare rebate. And that incentive varies whether you're living in a metropolitan area, regional or rural area. So the incentive is a little bit higher in regional and rural Queensland, but it's quite low in the metropolitan areas, which is the reason why we haven't seen a big uptick of bulk billing.

ELLEN FANNING: So you follow the money and you find the answer. Anthony Albanese keeps hinting that when the starter's pistol is fired to start the 33 plus days of a federal election campaign, part of his re-election pitch will be a boost to bulk billing. What do you think he needs to announce to start to turn around these bulk billing figures?

DR NICK YIM: What we're calling for is a big change in Medicare reform. We do need to see investment into primary care, because we know that if we can keep patients well, keep patients out of hospital, that's going to save the taxpayers and the health system downstream. We know that accessing, say, the emergency department or needing emergency surgery costs significantly more taxpayer funds, which is a reason why we need that investment at the early sector.

ELLEN FANNING: So what does that look like, Nick?

DR NICK YIM: So there's many models that have been in play. But something like investment into that patient's Medicare rebate, so that rebate for that standard consultation to increase by 20 to 30 per cent, will be highly beneficial for that patient.

ELLEN FANNING: From memory, Dr Nick Yim, President of the Queensland branch of the Australian Medical Association, from memory we've had a real issue with that Medicare rebate, the amount that's paid per patient, per visit. They've really been skimping on that for kind of a generation. Well, not a generation, a political generation for about ten years, haven't they, and it's caught up with them?

DR NICK YIM: You're spot on. So the Medicare rebate just hasn't kept up. It's probably been probably 20 years, to be honest. What we've seen and what everyone's seen, to use petrol as an example, back in the days petrol was \$0.50 a litre, but obviously now we're looking at around \$1.80 to \$2 a litre in some suburbs. So that's something to use as an example, where the Medicare rebate for the patients just has not kept up.

ELLEN FANNING: You're listening to Dr Nick Yim, he is the President of the AMA here in Queensland, and we're looking at this alarming Productivity Commission data on our health system around bulk billing.

Can I say that there are some good parts of this report, but the part we're looking at is bulk billing. Back in 2021-22 financial year, more than 60 per cent of GP visits in Queensland were fully bulk billed. In the financial year 2023-24, just 45 per cent. So you follow the money, you can see what's happening. We'd like to get a sense of the scope of the problem, 1300 222 612. If you picked up your phone right now, listener, could you get a bulk billed GP appointment or am I just having a laugh? Can you get a bulk billed GP appointment or is that something that's not available in your area?

Let's keep talking Nick, about what's in this Productivity Commission report. Really concerning statistics, the commission's report shows more than 10 per cent of people say they've delayed seeing a GP in Queensland due to the cost, and that's up from just 3 per cent of people who said that in 2021-22 financial year. And for people seeking mental health care, the figure has risen from nearly 17 per cent to 24 per cent. So, all those figures are going in the same direction. Just tackle the – 'I don't go to the doctor when I need to because I can't afford it'. We have a universal health system here, Nick. How is that possible?

DR NICK YIM: That's really concerning. I have many patients, I practice in Hervey Bay, which is a lower socioeconomic group, and I hear people that must choose whether they're going to pay for medications, or they might need to pay for groceries versus seeing a doctor. This cost-of-living crisis has put pressures on the family budget, and this is something that's quite concerning.

The other element that we're seeing is access to healthcare. We know that in Queensland, we do have workforce shortages, and this is exacerbated particularly in regional and rural Queensland. So that's another reason why people are having challenges with access to see their GP. These are some of the things that we do need to work on.

ELLEN FANNING: That's interesting. You're in Hervey Bay, you're a GP Nick.

DR NICK YIM: Yes, I am a GP in Hervey Bay.

ELLEN FANNING: Okay, so what sort of pressure are you under? How do you tackle that? How do you manage the bulk billing in such a way that you don't end up having to shut your doors?

DR NICK YIM: That's a really good question. This is something where as a GP, obviously we would love to bulk bill every single individual patient. But at the same time, we know that we have staff, we've got to pay for our consumables, we've got to pay the electricity insurance. It's that fine juggling act of caring for your patient, but also ensuring that our doors stay open.

ELLEN FANNING: 1300 222 612 does your doctor, GP, if you need a bulk billed session at the GP, can you find one in your area?

What about that mental health figure, Nick Yim? People seeking mental health assistance, that figure has risen from 17 to 24 per cent. That's people who need care and can't get it.

DR NICK YIM: With mental health, with COVID, with many years coming through, there's much more awareness. So, this is a positive that there's more awareness about mental health, but we're also seeing increased diagnoses and people needing to see psychologists, psychiatrists and also access their general practitioner. It's something where we have seen a bit of a challenge over the past couple of years and that also stems from lack of workforce, but at the same time, access to care due to the workforce, but also cost as well. This is something that we also need to work.

ELLEN FANNING: It all comes back to the same thing, doesn't it? Access to the right people, trained people in the field and then the cost of it. Before I let you go, let's focus on some good news in with the bad. The number of patients who waited longer than clinically recommended for elective surgery, and sometimes that can be knees and hips, which doesn't feel elective if you're in pain. But the number of people waiting longer for elective surgery halved from 11 per cent in 2022-23 to 5.5 per cent in 2023-24. What made the difference there to get that surgical waiting list down?

DR NICK YIM: That's quite an interesting figure. I think it might be just more incentives. Obviously there has been delays during the COVID period where there weren't many elective surgeries in place. So is this just a data issue potentially?

It's something where we know that people are waiting for surgeries. We know people are waiting for investigations. But ultimately it comes down to that workforce issue. It's really important moving forward that we do have strategies, as a state and also as a nation, to train and recruit and also retain those health professionals in our regions, rural areas and also in our state.

ELLEN FANNING: We know what the problems are, don't we? We're just watching to see what suggestions the federal government and the federal opposition might have for some of the solutions. Thank you for your advocacy work, Nick, and explaining those figures to us. Appreciate it. Have a great weekend.

DR NICK YIM: Thank you very much, Ellen.

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