

# TRANSCRIPT

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## Transcript: AMA Queensland President Dr Nick Yim, 4BC Radio, *Drive with Gary Hardgrave*, Wednesday 23 July 2020

### Subject: Bulk-billing

**GARY HARDGRAVE:** Apparently all you need is a Medicare card just to go into your doctor and say, that's it, send the bill to Albo. But a quarter of GP clinics are unlikely to take up the federal government's bulk-billing incentive, and I get it. Every GP clinic, every doctor's operation, is like any small business. It's got to pay the wages, it's got the insurance, got to pay the electricity, it's got to pay the rent. All of those things are going up, and frankly the Medicare levy doesn't cut it, doesn't compensate for the real cost. In February, in the election campaign, the Labor Party announced it would deliver 18 million more bulk-billing GP visits a year through \$8.5 billion in funding. And throughout the Prime Minister promoted the policy frequently saying all you need is a Medicare card, not your credit card. That's just baloney.

If you want a good doctor, I'm prepared to pay the gap and I do. My doctor used to bulk-bill, but the last couple of years, it's just been economically not viable for my GP to bulk-bill everybody. They want a contribution because the cost of running a GP clinic just keeps rising. In *The Australian* newspaper article, they provided the government questions whether Labor's proposed 12.5% incentive split between practices and providers offers incentive for doctors to join. I don't think it does. Modelling shows an estimated 25% of clinics won't be drawn into the program, so it's kind of Russian roulette. I don't think it's the fault of the doctors. Dr Nick Yim is the President of the Australian Medical Association Queensland. He joins me now. I want to back you and your members, doctor. Have I got any of this wrong? Because I don't know how doctors afford to keep some of their doors open.

**DR NICK YIM:** Good evening, Gary. You've produced a really good summary there. This is something we highlighted during the election campaign where the government promoted 9 out of 10 consultations would be bulk-billed. We were sceptical because when we surveyed a lot of general practices around the state of Queensland they said it's not possible to bulk-bill everyone, even with this additional rebate. Looking at the research and the media coming that's coming out, that probably highlights our cause.

**GARY HARDGRAVE:** I get it. Every practice - doctors, general practitioners - if you've got a good one, a lot of people find out about it. They beat a path to their door and they need more staff, they need bigger practice surgeries. The cost of renting spaces, air conditioning, insurance, everything that goes with it - it's a pretty hefty bit of coin before anybody in the doctor's family gets any money out of the process.

**DR NICK YIM:** The key thing here is the patient's Medicare rebate, our Medicare rebate, just really hasn't kept up with the times. And it's not that the fault of the current government. Obviously, it's multiple years of neglect of our healthcare system that has led us to this position. Currently, our population is getting older. It's becoming more complex, more diseases. What we do need to see is the

funding of complex care, longitudinal care and funding those teams that are present in the general practice: the nurses, the allied health staff, the exercise physiologists, physios, etc.

**GARY HARDGRAVE:** Because the clinics do bring a lot of different services in. They all cost money. And the debate years ago when Medicare first started, and I'm a great supporter of Medicare, was that there should be an opportunity to say, if you were able to, insure for the gap. The difference between what the rebate paid and what the real cost of delivering that healthcare was, you could insure against, but they won't let you do that.

**DR NICK YIM:** Definitely. As a GP myself, I would love to bulk-bill all my patients, from the young to the elderly. I would love to do that. But at the same time, what's the good of a GP practice if we cannot keep our doors open? As you alluded to, we've got expenses as well. We know recently that superannuation has increased by 0.5%. Wages are going up, insurances, rent and electricity as well, so it's that fine juggling act. Not each single practice is the same. A practice in Brisbane will be different to, say, a practice in Mount Isa, and they will have also different expenses and different models of care.

**GARY HARDGRAVE:** When I was in federal parliament a quarter of a century ago, there was higher bulk-billing rates brought about by one thing, and that was a positive initiative. But this is like a quarter century ago. There was an effort to actually increase bulk-billing rates. There's nothing new with this. It's fallen back in recent years. It really has. Now they want to try and bring it on again, throwing more money at the problem. That's understandable. But the problem still remains that some people maybe, oversubscribe, overuse, if you get what I mean, the visit to the doctor, while those who desperately need to go to the doctor avoid it because they're frightened of the costs. To the Prime Minister's point, it shouldn't be about your credit card that dictates getting access to health services. But the whole thing is just out of whack. We need good doctors to be paid good money to do the good work they should be able to do. We need to be incentivising that longitudinal, long-term chronic care so patients and individuals can be forming that relationship with their general practitioner and that practice as well to deliver that care.

The key thing here is that we do need a measure of appropriate indexation year on, year out so we're not going to have these discussions every single year because we know inflation exists. We know that cost five years down the track is going to be great again, so we do need measures in place. Federal Health Minister Mark Butler was on 4BC Breakfast this morning. Here's what he had to say:

**PETER FEGAN:** Let's say a family walks into a GP and they see bulk-billing on the big sign, you know, we all walk in, bulk-bill, right? Goes into the doctor says, you know, in my opinion, I don't want to bulk-bill. I think I'm going to charge you a gap or I'm not going to bulk-bill you. What happens then?

**MARK BUTLER:** Well, they don't get the money from the government. And this is the point. I've seen the AMAs in the paper this morning saying what they want is for us to give over the money - taxpayers' money - to doctors with no strings attached. And the doctors' groups, you know, in their defence, they were frank about this from the get-go. They wanted us to fund them more but not have a commitment to bulk-billing or a condition of bulk-billing tied to that. And I said to them, I'm not going to do that. Particularly as a Labor Health Minister, I want to see outcomes for patients on bulk-billing. There's been a disagreement between us and doctors' groups about this. But the three-quarters figure of practices is based on the fact our department has very good information about what every GP is earning through Medicare.

**PETER FEGAN:** But they're a business. They're allowed to earn, aren't they?

**MARK BUTLER:** Exactly. I've never contested that, but we know exactly what they're earning. And we've said that if we lift the rebate for bulk-bill consults and pay them an additional incentive on top, they will be financially better off.

**GARY HARDGRAVE:** Nick Yim, what's your response to that? Because I don't know where some of these people are coming from, but they're saying things like there's plenty of Porsches out the front of most doctor's surgeries. I mean, that kind of generalisation, that doctors can be a doctor, they can get access to government assistance - but they can't earn too much. Capping the amount of money doctors earn doesn't make any sense to me.

**DR NICK YIM:** One of the key things here is we know that each general practice will have different models of care. Some practices might have a single GP and have a huge amount of nursing or administration staff. We also know that a general practice in Brisbane might have different levels of rent and expenses as opposed to a practice in a regional town. There are so many variabilities. If they have a blanket measure across the whole country, for example, it just won't work out. And this is some of the things where we need to ensure there's adequate funding to promote the care for long consultations and complex care that we want to highlight, not those shorter consultations.

**GARY HARDGRAVE:** Maybe I'm spoilt, Nick. My GP, I won't name him, but my GP is a guy who is so interested and concerned in his patients and he has said to me on a number of occasions that for the amount of experience he's got, the number of years he's been doing it, the caseload he has to work through, the responsibility he has - he's not making money. Some doctors are doing it very, very tough. I don't know why government thinks that they can open up everybody's bank account and decide how much money doctors are meant to earn. I really don't get that.

**DR NICK YIM:** I think the key issue here is, as I alluded to earlier, as a GP I would love to bulk-bill every single one of my patients. At the same time, I also acknowledge there is staff to be paid, the nursing team, the administration team, and there's multiple things at play here. This is something we do need to work with the government on because the government is right - every Australian deserves access to affordable healthcare in a timely fashion.

**GARY HARDGRAVE:** Good to talk to you. Thanks for everything. Dr Nick Yim, he's the AMA Queensland President.

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