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Transcript: AMA President, Dr Tony Bartone, Sky News Live, *Newsday with Tom Connell*, Wednesday, 3 April 2019

Subject: Federal Budget

TOM CONNELL: Joining me is AMA President, Tony Bartone, here in the studio. Thank you for your time.

TONY BARTONE: Good morning, Tom.

TOM CONNELL: So, I read with interest that your brief summary, I guess, is that “tonight's Budget sets up a genuine health policy competition for the upcoming election”. What makes you say that?

TONY BARTONE: Well, we've clearly seen an acknowledgement of the importance of the central role that general practice plays in the community, and the way that patients hold their GP in regard. That's been acknowledged in the Budget last night, after many years of lack of investment into this area. And now, clearly, we hope that the Opposition will come out very clearly and strongly as to what they're going to suggest into the election campaign. But for once in a very long while, we can really hope and look forward to a genuine contest between the two parties on health, which is what patients really want to hear.

TOM CONNELL: They're bringing forward the lifted freeze on GP items, which Labor started. The Coalition continued anyway. A long sordid history. I was interested in this item here - quality incentive payments for general practices. What does that mean exactly?

TONY BARTONE: So, quality incentive payments are around processes and procedures inside the back end of the practice that really support and underpin the care that we deliver to our patients. It's about looking at both the processes, the measures, the day-to-day activity, and rewarding and incentivising things that genuinely improve the outcomes for our patients.

TOM CONNELL: Right. Because one of the concerns cited by some people is by freezing this GP payment but seemingly, the bulk billing rate is not reducing. Perhaps, doctors have just been sort of churning through people a bit more to make sure their bottom-line doesn't get hit.

TONY BARTONE: So, what we can really say clearly there is that in the one-third of patients that don't get bulk billed, they've been wearing the cost in a frozen rebate when they go to get their claim, their consultation back at the Medicare office or online.

TOM CONNELL: So it's straight to the patient is where the money has been going?

TONY BARTONE: Yeah. So they were bearing the brunt, the ones who are being bulk billed, the practice was having to wear that cost for the best part of six years, after increasing wages, rents, water, electricity, phones, you name it, they weren't frozen; they were going up, so that was putting at risk. So doctors were wearing that on the most part, but there was going to be a period where none more could actually-

TOM CONNELL: [Interrupts] If we didn't really see a lot of surgeries, either stopping bulk billing - as I said, rates went up and I don't know if we had many clinics shutting down - does it show that there was a fair bit of fat in these margins? We know doctors generally earn a good salary and it's a long, expensive degree you do as well. But does it show there was a fair bit there to work with?

TONY BARTONE: What I can say to you is that for the first time in a long while, general practice training placements were undersubscribed by a significant amount.

TOM CONNELL: Right.

TONY BARTONE: That is the ever-increasing medical workforce population that's coming out as graduates from university, schools, and through the training programs, weren't selecting general practice. Now, there are many reasons apart that, but clearly, the pressures in general practice in particular were being particularly borne out there.

TOM CONNELL: [Interrupts] So you think they were going: this is a harder thing to do; this is going to be a harder business to run apart from anything else?

TONY BARTONE: Well, as trainees, they were having to make a decision of their career in one specialty or another specialty, and that specialty was at a significant disadvantage.

TOM CONNELL: Okay. You've also mentioned public hospital funding -that you're still calling on the Coalition to improve that. So we've got this situation where Labor is going to go to an election, they're pledging a 50-50 split on the growth of hospital funding; the Coalition, 45-55. So for some States, unless Labor gets a lock-in that States will spend more overall, we might not get any more spend on public hospitals under Labor depending on how each State approaches this.

TONY BARTONE: And that's an important part of the - not just the headline funding arrangements, but the way that the States and the Federal Government work in terms of ensuring increased availability and access to public hospitals. We know that waiting lists are very long. We know that our patients are under pressure. We know that the ability to coordinate and to collaborate with the primary care sector is really, really reduced, and they're the things that will keep patients out of hospital, prevent re-admissions, and that's where we need to get smart. So, it's not just about activity; it's about the bigger picture.

TOM CONNELL: Well, this has been a big issue, hasn't it? The way the incentives have shifted for activity, does it still feel like a bit of a broken system all the years after we were supposed to get it fixed?

TONY BARTONE: We've got to get smarter than what we're currently doing. We need to recognise that patients are suffering as a result. Activity is not the only measure of public hospital performance. Public hospitals are loved by Australians. We've got one of the best systems in the world, but we need to ensure their ongoing viability.

TOM CONNELL: Are you going to be giving one major side the tick? Your, I suppose, suggestion of who people should vote for in the wake of the Budget Reply speech?

TONY BARTONE: So, what we'll clearly do during the election campaign is have an election scorecard, which we'll put out in the final weeks, and that's why we're calling on this genuine contest now, and we'll be very, very frank.

TOM CONNELL: Okay. We'll wait for the scorecard and check in then. Tony Bartone, thank you.

3 April 2019

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