

Australian Medical Association Limited

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Transcript: AMA Vice President, Dr Tony Bartone, 3AW, 19 October 2016

Subject: GP fees

NEIL MITCHELL: Okay, from next month, expect to pay more when you visit the doctor. The AMA is recommending a lift in GP fees - it's up to \$78, I think, for a consultation under 20 minutes. The Medicare rebate less than half of that. On the line, Federal Vice-President of the AMA, a GP himself, Dr Tony Bartone, good morning.

TONY BARTONE: Good morning Neil.

NEIL MITCHELL: Um. Why? Just, I mean - explain it to me. Why?

TONY BARTONE: Well, Neil, it's something that we do as an organisation, and in our practices, every year. We need to look at what are the input costs, and what does it cost to provide a quality medical service to our patients. And every November 1, the AMA publishes a guide of what has happened, in terms of those input costs: wages are going up, rents are going up; the costs of providing quality medical care continue to go up.

We're working in an environment where the Government has frozen MBS rebates for the best part of four years now, and continuing so. And we need to ensure that we can continue the viability of providing that quality medical service. This is something that has been happening every year. We look at our costs, we look at our fee structure, and we provide a guidance to the patients. And every practice - and most of your patients who do have a fee-for-service environment - would know that their doctor regularly puts out an advice at various times of the year that says, you know, it's time to increase our fees, and gives adequate warning and explanation around that.

NEIL MITCHELL: If I'm paying \$78, what do I get back?

TONY BARTONE: Unfortunately the rebate has been frozen, and has been frozen for many years, and you'll be getting back \$37.05.

NEIL MITCHELL: Okay, so the option is, if you don't charge me that \$78, you charge me - you bulk bill me - and you get \$37.

TONY BARTONE: Yes. And that means...

NEIL MITCHELL: [Interrupts] Well, you can go somewhere in between I suppose. You don't have to impose the full \$78 do you?

TONY BARTONE: Yes. So what, you know, you'll find that like many things, there is a variety of fees that are charged around Melbourne and country Victoria, and then you'll find that there is that variation. There's a number of reasons around that. But the average fee, some places are already charging in excess of \$80, but some places you'll find for \$60, \$65, or \$70. But we publish a guide, and that's all it is. It's a guide to our members.

NEIL MITCHELL: Okay. How much does a GP make?

TONY BARTONE: Oh, Neil, look that varies like a piece of string, but what we do know is that GPs are working longer and harder for the same income. We're seeing patients for longer; they're coming in with more complex and chronic disease, and the number of problems per consultation is increasing. It's really, you know, it's just too difficult a question to really, you know - just like there are variations in every other field, there'll be variations...

NEIL MITCHELL: So you don't do figures, say the average income of a GP is X?

TONY BARTONE: We don't collect that data on our members.

NEIL MITCHELL: If I come to see you - and it's unlikely I would do this - but I want to consult you because I'm on the contraceptive pill, and I want a new prescription; how long will that take?

TONY BARTONE: That sounds simple, but it's a reasonably detailed consultation. You need to check the blood pressure, you need to look at the history, when was the last time it was prescribed, is everything going well, is the patient happy? You look at opportune preventive health maintenance at that time. So you'd need to check if the pap smear's up to date, are breast examinations up to date, all of those things. And anything else [inaudible] so it's just a standard consultation, that's again the same charge. We don't charge by the minute, so we charge by the consultation.

NEIL MITCHELL: There is an increasing number of practices, whereby you can get a renewed prescription online. I think you pay a fee, but you don't have to consult. If it's, I've been taking this drug for a number of years - for what I say might be blood pressure medication or something - you're not due for review, but your prescription's run out so you get online and you get a new prescription sent to you for a fee, you save \$20. Is that growing? And is that welcome? Is that healthy?

TONY BARTONE: Look, that's obviously a solution to a group of patients that have an established relationship with their family GP who knows them well, and is able to provide that IT solution as an interim out-of-consultation option. It's not a regular option that you would really want to see grow. So it's not going to replace regular consultative care, because there are things that happen in a consultation that can never be done online. And you'll defer picking up things that otherwise may result in...

NEIL MITCHELL: [Talks over] Yeah, true, but it's okay if you say, right well I go and see a doctor every six months anyway.

TONY BARTONE: Yeah, look, exactly. So how often and exactly why is something that's really the province of the doctor and the patient. And that's that relationship. That's the core of what makes the fundamentals of what we do. And we establish a management plan, and we will say when we see the patient for that previous time, "look, everything seems well, I don't need to see you for six months". Or "I'm worried about this, you need to come back in one month".

NEIL MITCHELL: Now the Health Minister's already said this is going to jam the public hospital system because people with sore toes will go to emergency. What do you say to that?

TONY BARTONE: Look, it's right in the Minister's province to actually do something about that. So the first thing she can do is absolutely look at this freeze - which has been in place for many years, it's not slated to come off till 2020. We know that this freeze is actually creating the pressure point in many practices, where the ability to continue bulk billing certain patients is going to be put under the microscope and under question.

NEIL MITCHELL: And you've mentioned - this is what the fee's going up to - the bottom line is, how much extra will I pay, when this goes up, compared to today?

TONY BARTONE: Well in a GP practice, for a standard consultation - assuming that they followed the AMA guidance - you'll be paying \$2 more out of your pocket for a standard consultation. In a specialist practice that's a bit more - for pathology or radiology where there's a fee raise, again it depends on the client. But it's generally around two per cent, which is under the CPI, it's under the cost of what the wages and productivity that's been going on for the last 12 months. And it's really reflecting the cost of providing that service.

NEIL MITCHELL: Thank you so much for your time, Dr Tony Bartone, Federal Vice President of the AMA, and a GP himself. Problems continue. I mean \$2, it's not much, but you still - what are you up to, \$37.05 for going into see the doctor, out of pocket. That's quite apart from what the Government is paying through your taxes and your levy.

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