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Transcript: AMA President Dr Michael Gannon, ABC News Radio, 29 July 2016

Subjects: Doctor rating website and doctors' fees

FIONA ELLIS-JONES: Online reviews of individual doctors are not new but this idea from insurance giants may prove a step too far for some in the medical profession. NIB and others want to join forces and publish specialist's fees alongside consumer reviews. So, what does the Australian Medical Association make of this rate-my-doctor website? AMA president Dr Michael Gannon joins us now. Dr Gannon, thanks for your time this morning.

MICHAEL GANNON: Good morning Fiona.

FIONA ELLIS-JONES: Other service providers are subjected to these types of online reviews. It's logical and fair enough, isn't it, that doctors should, too, face some scrutiny and comparison?

MICHAEL GANNON: Well, it depends the problem you're trying to fix. If the problem you're trying to fix is unreasonable out-of-pocket expenses there's other mechanisms of doing that and we don't actually have a major problem. 93 per cent of private medical services are provided at no-gap level or a small number at known gap level, informed financial consent is a key tenet of ethical, medical practice. So, that should be happening already.

FIONA ELLIS-JONES: But leaving the gap fees aside, surely the doctors should be open to some kind of scrutiny and consumers should be able to get a comparison, especially when they're looking to find a specialist to go and see, why shouldn't they be able to just search?

MICHAEL GANNON: Well, again, it depends on what you want to measure and what information you want ...

FIONA ELLIS-JONES: [Interrupts] Patient satisfaction for example.

MICHAEL GANNON: Well, look, I think that's important and the person who's best able to put that together is your GP. That's the way the system has worked in the past, that's the way I'd like to see it work in the future. GPs think carefully about the specialists they refer to, those patients come back and it's true, they're not always glowing in their praise when they come back. That's a very important quality measure but the last thing I would want to see is medical practitioners being able to advertise and make their own outlandish claims about their abilities so equally I've got concerns about the information asymmetry that might come if the insurers own all the information.

FIONA ELLIS-JONES: When you look at this proposal, it also would eventually publish the clinical outcomes of specialists from hospital data, does that signal a few alarm bells for you?

MICHAEL GANNON: Well, the real concern about that is whether it really helps and whether it might actually act to reduce the access of patients to care. The last thing you want is doctors being concerned about their stats being splashed all over the internet and then avoiding high risk cases. If you start telling me that you're going to publish all my wound infection data, will I turn around and say look, I'm not going to operate on diabetics anymore, there's no way I'm going to operate on people who are morbidly obese, and I'm certainly not going to operate

on patients who come down from the country where I can't keep an eye on them. It's the law of unintended consequences. We can't have people determining the care they give out of fear of what a blunt instrument like an infection rate might show on the internet.

FIONA ELLIS-JONES: Let's have a look now at the gap fees. The new website would specifically list the gap fees for individual specialists. What is wrong with a bit more information in this world? Gap fees are often a bewildering set of rules and regulations that many patients aren't familiar with when they go to see a specialist?

MICHAEL GANNON: I agree with that. I think it's really important- let's not forget the value proposition of private health insurance. Private medicine is choice, the choice between being admitted as a public patient or a private patient, the choice between doctors and the choice between hospitals. If the patient knows exactly the kind of care they want, they are entitled to seek some information about that and it is a tenet of quality medical practice that if you are scheduling someone for surgery you either make it very clear that you are a no-gap provider or that you will do the operation but it comes with a modest gap. And we've heard a lot of press recently about more substantial gaps. Patients should be given the opportunity to fairly make a decision about those and I've been quoted publicly in the past as saying I can't see a role for five figure gaps anywhere in medical care. So, the AMA and the vast majority of the medical profession are interested in the same things, a fair fee for the work that needs to be done.

FIONA ELLIS-JONES: AMA President Dr Michael Gannon, thanks for your time this morning.

MICHAEL GANNON: Pleasure Fiona.

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