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Transcript: AMA President, Dr Tony Bartone, SKY News, *with Ahron Young and Caroline Marcus*, Monday, 7 January 2019.

Subject: Medicare rebate, Pill testing.

AHRON YOUNG: A trip to the doctors is costing more than \$100 for some Australians as fees for GPs soar. One in three patients pay out of pocket costs of \$36 after the Medicare rebates.

CAROLINE MARCUS: The price surge has caused more than half a million people to skip expensive consultations and instead head to hospital Emergency Departments.

Joining us live now is the Australian Medical Association President, Dr Tony Bartone. Thank you so much for your time this morning.

TONY BARTONE: Good morning, Caroline.

CAROLINE MARCUS: Well, we've just heard how some GPs are charging more than \$100 for a medical consultation; and we learned today that one inner Sydney doctor is charging patients \$120. A lot of people would balk at that. Is that too much?

TONY BARTONE: Look, it's important to read the rest of that article, and it says that the average out of pocket, where there is an out of pocket, is around \$36. The example of \$120 is really a very uncommon example and, as I say, the average out of pocket would be \$36 as the article says; and it's around about \$80- \$81 where the doctor is charging a private fee. Of course, the article also says that 84 per cent of services are being bulk billed so there is no out of pocket charge, and the Medicare rebate is significantly less than that, which is the reason for the very large out of pocket because the Medicare rebate has, over time, either been frozen, especially in the last five years or so, but over the 30-odd years that it's been in place, has been either frozen or partially frozen so it bears no resemblance to the cost of providing good quality GP care in our community in 2019.

AHRON YOUNG: Do you think, though, that when people are heading to the GP and they're concerned about just how much it will cost them, that they're maybe waiting for payday and putting their health at risk?

TONY BARTONE: Access has always been one of the features of the Australia healthcare system. We're envied from that point of view around the world. We've got very good access, but, obviously, these reports suggest that- and we know that for some patients, they are scheduling their visits to a point where they can manage with the cost of providing them. Doctors, as GPs, we often take the circumstances of our patients into account and we'll always reflect that if there is a certain barrier, a certain inability, to access care. But this is a message, a clear wake-up call to the Government that it must fund primary health care, it must fund the cost of what is really a very quality and inexpensive solution to our healthcare system, and it must fund it appropriately and sufficiently.

CAROLINE MARCUS: Well, of course, it's not just people not going to the doctor or scheduling their visits around payday, but Labor says that the soaring costs have driven up the number of people at hospital Emergency Departments, skipping seeing a normal GP and instead going straight to the Emergency Department. I mean, that sort of pressure on our hospital system, obviously, not something we want to see.

TONY BARTONE: Absolutely, Caroline. So, it's important that there's couple of things to remember here. First of all, the cost of attending an Emergency Department to the taxpayer is significantly more - \$400, \$500, and additionally upon that with the tests that are ordered. So, it's a very expensive second option to not being able to attend your local GP. And that's the message that really governments of all persuasion need to understand – that, really, general practice, primary care, is a relatively inexpensive quality solution to ensuring that the community gets the care it needs at the time it does.

AHRON YOUNG: It is an interesting point you say, though, and some of these costs- just recently I headed to a doctor late in the evening because of work and I didn't want to need to take the day off the next day - and it was about \$110. I won't name the place but it was here in Melbourne, in the CBD. I've just Googled some of the responses from other people who've been looking at this as well, the same place. They say very bad service, very high costs, but there's no other choice. Is that why people, you think, are heading to Emergency Departments because they're finding that, out of hours, there are some places open but you have to pay to go there?

TONY BARTONE: The importance of having a relationship with a doctor that you know and trust and have developed a life-long relationship with is an important part of delivery of health care in general practice. Now, sometimes, you obviously don't have that option; and in a market where there are free competitive forces, some doctors will do as you are expressly illustrating there. But the important thing is, if you're not happy, is also- always speak to the doctor and ensure. Now, the after hours - there is an after hours rebate that appropriately applies in the circumstances that you're referring to but, still, unfortunately, it's about having a relationship and, potentially, maybe even scheduling a preventative- or a visit to the doctor at a time in expectation of trying to manage things in different ways. Sometimes, doctors will try a number of different options to try and fit you in to your busy schedule.

CAROLINE MARCUS: Dr Bartone, while we've got you, we also wanted to ask you quickly about DIY drug-testing kits. They're reportedly flying off the shelves, or at least the internet, in the wake of these drug overdoses at festivals. What is your advice to people who may be considering using them?

TONY BARTONE: My advice to people considering using these kits is one of extreme caution. We must remember a couple of things. First of all, these are imported, so we really have no oversight over the accreditation and the standards around their production. But also these DIY kits, as I understand, are only looking at maybe the concentration or the purity of a certain substance. What we need to understand when it comes to pill-testing is there's a lot of other impurities, a lot of other substances, that shouldn't be there that are just as harmful. It's about ensuring that there is a supervised, controlled, and appropriately-researched option with

all the authorities - Government, the toxicologists, the chemists, the lab chemists, and, of course, the doctors with governments and the regulatory authorities to ensure that there is supervision, accuracy, and reliability. And also there's the ability to send that message and intervene and say that: look, what you're trying to do is going to harm you potentially, you really should think twice, and give them an option for counselling and therapeutic rehabilitation if necessary.

AHRON YOUNG: Okay. Dr Bartone from the AMA. Thank you so much for your time today.

TONY BARTONE: My pleasure. Thanks, Ahron.

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