



THE HON SUSSAN LEY MP

Minister for Health
Minister for Sport

TRANSCRIPT

Interview on 1233 ABC Newcastle with Jill Emberson 03 September 2015

Subjects: After hours GP services, Medicare sustainability, Primary Health Care discussion paper.

Jill Emberson: Great to have your company this morning, here on 1233 ABC Newcastle, where one of the questions on the table is how can we stay healthy, how can we beat the rise and rise of chronic illnesses in our country at the same time as maintaining our wonderful healthcare system? I'm very pleased to welcome to 1233 this morning the Federal Minister for Health, Sussan Ley. She has reminded us this morning that Medicare is now being billed over 1 million times a day for the first time in history. New figures out from her department showing that the growth in Medicare claims outstripped the number of new patients 3:1 over the past decade. Sussan Ley welcome to 1233. I hope I've got you there, good morning Minister.

Sussan Ley: Good morning Jill.

Jill Emberson: Look Minister we've been talking about healthcare all this week in the Hunter. In fact we kicked off the week with a discussion about the rise and rise of the new mobile bulk billing services to your door. They are very popular here, but we were a bit surprised to discover that they are costing \$129 a visit. Are those visits adding to this massive spend on Medicare?

Sussan Ley: Every time Medicare is billed, the cost is effectively billed to the taxpayer and that billing rate as you've just described, Jill, is increasing. In fact it's gone up 60 per cent over the last ten years and the cost to taxpayers has doubled. Afterhours services are part of that but it's appropriate to remunerate the people who provide those at a higher rate given the cost of providing the service is higher. So our review which looks at overwhelmingly better outcomes for patients, that's what our health system is built around, is picking up lots of different aspects of the system but if you just think of the Medicare billing rate going up so rapidly, you know my question is does this equal, or does this result in a commensurate improvement in people's health? That's where we're focussed for the future.

Jill Emberson: Well one of the areas that we know and we're very passionate about here in the Hunter region is GP access, after-hours service that is unique in the country with all of the GPs binding or bounding together on a roster. Some say that no other region in the country could do it apart from ours, getting together on a roster

to provide after-hours services at a very cost effective rate, they've only been guaranteed funding for another 12 months from I think about January or February of this year. Will you consider, or how favourably will you consider that unique service in this review of primary healthcare?

Sussan Ley: Your primary health network will determine how after-hours GP visits are provided to your community with the input from the community as to what they want. So I have a similar arrangement in my hometown of Albury where the local doctors go on a roster at an after-hours clinic at the hospital. It works extremely well, it's very successful. Yes doctors are remunerated because they're there on weekends and after-hours, that's entirely appropriate we're not suggesting that the after-hours service has to look a particular way. In fact the whole point of our primary health network focus is not to say this is how it should be done but to give local communities the choice in how it's done and to engage and use the input of the primary care provider. So not the old system created in many cases and I'm not particularly saying in this case, duplicate arrangements, so we're going straight to the doctors, straight to the nurses, straight to the allied health professionals through our primary health networks which will effectively be pretty invisible in the background in letting the providers do what they do best. That's the principle that we're operating under.

Jill Emberson: And you're not concerned that the Medicare budget item, I think it's- I forget the number but the budget item whereby the private more entrepreneurial services are providing bulk billing to your door services, you're not worried about the fact that that number and that spend has gone up massively?

Sussan Ley: I'm worried whenever Medicare is used inappropriately, and part of our approach, which includes reviewing new models for how doctors look after patients, there is a compliance aspect. And if a whole service is being built around a business model that looks like some of the ones I've had described to me, yes that is of concern, and that will be picked up in the approach that we take to make sure we use Medicare responsibly. So yeah we are conscious of this, we have to build a system that's sustainable for the future.

Jill Emberson: Minister for Health Sussan Ley with me on 1233 ABC Newcastle. One of the ideas that you've alluded to in your statement this morning Minister is including or utilising more technology, embracing digital health. People for example using blood pressure tests at home, even diabetes tests at home, managing their own weight loss programs, sending that through to their doctor to get feedback therefore saving time with the doctor. Obviously we're going to need to use technology. You've said in this statement that you don't want us to become Dr Google focused only, but can I just share with you a response from one local doctor about our capacity to manage our own health at home? This is Dr Annette Carruthers.

[Excerpt]

Annette Carruthers: There's a theory around it but the reality's probably slightly different. Look doctors already are increasingly encouraging people, particularly with chronic health conditions, to undergo a degree of self-management; to take

responsibility for their own health. And I always encourage people to consider purchasing a blood pressure monitor to use at home because more regular readings helps the doctor understand just how well the blood pressure is controlled.

Jill Emberson: Are we good patients at doing that?

Annette Carruthers: No, not really. There's a lot more scope for that... for patients regularly monitoring their weight. People who do have poorly controlled diabetes we would encourage them to monitor their sugars so they can understand what's putting the sugar levels up at times. But there's a lot more potential for that, but it's something that has to be in partnership with your GP.

[End of excerpt]

Jill Emberson: What do you think of that Minister?

Sussan Ley: And that is 100 per cent correct Jill, and the conversations around digital health and people taking control of monitoring their own health is part of a discussion paper which is being led by Dr Steve Hambleton, previous chair of the AMA, and involves other clinicians, consumers, etcetera. So at no stage will I or the Department of Health determine that this is the way the future of health should look.

I'm pleased that it's excited so much discussion, and when you consider who we call generation - the I Generation apparently, the 8-27 year-olds, fascinated by technology, sometimes quite fascinated about themselves. Not particular worried about privacy, which is always interesting when we think of the e-health record arguments that we've had in the future. But overwhelmingly walking around with apps monitoring steps with wristbands and so on, it does make sense to incorporate that ease... the ease with which they manage technology in their own lives with their future health.

Now Annette quite rightly says that a lot of - I'm sure a lot of her patients are, like my parents, not necessarily at ease with technology to the same degree, and need a lot more close conversations, involvement, appointments etcetera with their doctors and their practices. So this is never going to be a one-size-fits-all, but this is going to use technology in a smart way for the future.

Jill Emberson: The Minister for Health on 1233 ABC Newcastle. Minister we don't need to- I'm sure there's, well, you've had thousands of submissions on ways to save the Medicare dollars, so there's- obviously it's not useful to spend your time looking at some of the ideas coming through here on 1233, but can I just put this one to you because it's come through many times. The idea of getting in to see a GP to get a doctor's certificate, which is essential now if you need a day off work, as one 1233 listener has said: try getting to see a GP for a doctor's certificate when you have an attack of gout in your big toe. If you can't get into the GP then the new bulk-billing mobile services are a bit of a godsend in that situation. But if the taxpayer's paying \$129 just for that, that seems not a good use of our funds. Is there a better way forward?

Sussan Ley: Well the additional cost of those services relates to an after-hours approach. So if you call a mobile service at nine o'clock in the morning it's not going to be funded by Medicare at any more than the existing one, unless as I understand it there are very special circumstances. So, there are lots of factors at play here, a lot of employers don't need a certificate for a single day off, a lot of them will accept something else that might not mean you visited the doctor first thing in the morning and so on. So, there's other ways of addressing it.

I'm always concerned when I hear that people can't get into a doctor. We know that the supply of doctors is much larger than it was, and your area is doing reasonably well, you're no longer as I understand it a district of workforce shortage.

Jill Emberson: Yes, we just learnt that the other day, that there are doctors who are opening their books for the first time in perhaps ...

Sussan Ley: Which is a good thing.

Jill Emberson: ... people aren't- maybe the community's not widely aware of that.

Sussan Ley: That is a good thing, and it's important that when somebody needs to see a doctor that their doctor's- their practice is not saying we don't have any appointments for a while. That is no longer happening to the same degree across the country, and I'm pleased about that. Our review of how we treat patients better, my approach is always let's keep the dollars as close as possible to the patient, and let's remember that it is the patient for whom we build this whole system.

Jill Emberson: Just before you go Minister, you said no to the \$5 Medicare co-payment, but you have nonetheless frozen the indexation of Medicare to GPs. Our GPs tells us here that that is the \$5 co-payment through the back door. Will you change that?

Sussan Ley: That rebate is paused. I like to use paused not frozen because ultimately it does need to be lifted and I recognise that. But we are, as a national government, running budget deficits not budget surpluses, and we simply can't afford to lift that at the moment. However, my Medicare review, as I've explained to doctors, is about harvesting savings, reinvesting them in the MBS for new items that better reflect what actually happens, because the MBS is very out-dated, and at the same time finding savings for government. So it's a dual purpose exercise, and I believe that it will allow us as soon as we possibly can, at a point not too far distant, to actually release that pause.

Jill Emberson: Minister, it's been very generous of you to spend time with us here this morning here on 1233 ABC Newcastle. Looks like technology will make a difference, it looks like you want to make some savings, we all have to. So we look forward to the results of this review. If anyone still hasn't had their say you've reminded us that the community can do that up until close of play today.

Sussan Ley: They can, and they do it online if you just go to the Department of Health website. So it really only needs to be a quick couple of lines comment, and again if you've experienced something in the health system that's giving you an

insight - you don't have to be a clinician but as I said, as a patient you're the most important person, I would love to hear from you.

Jill Emberson: Thanks for being with us this morning. Sussan Ley's her name on 1233 ABC Newcastle. I think the website for that my friends is www.health.gov.au.

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