

A U S T R A L I A N

Medicine

The national news publication of the Australian Medical Association

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AMA LEADERSHIP TEAM



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Dr Tony Bartone



Vice President
Dr Chris Zappala

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Press Club speech calls for better health policy decisions



Dr Bartone at the National Press Club

AMA President Dr Tony Bartone has used an address to the National Press Club to salute Australia's general practitioners, and to call for significant reform of primary care.

In his first major speech since being elected in May, Dr Bartone said the challenge of transforming general practice was severely underestimated by the nation's policy makers.

He said the AMA has a plan, but it is one which will require upfront and meaningful new investment, in anticipation of long-term savings in downstream health costs.

Delivering the nationally televised address during Family Doctor Week in July, Dr Bartone said his overarching concern as a GP himself has always been the patient journey and ensuring that people get the right care at the right time in the right place by the right practitioner.

"The priorities for me are always universal access to care, and affordability," he said.

"GPs of Australia, I salute you. We all salute you. Your hard work and dedication is highly valued. The AMA will always support you and promote you."

But he described there being "something really crook" about how GPs have been treated by successive Governments.

"They have paid lip service to the critical role GPs play in our health system, often borne out of ignorance and often in a misguided attempt to control costs," Dr Bartone said.

"General practice has been the target of continual funding cuts over many years. These cuts have systematically eaten away at the capacity of general practice to deliver the highest quality care for our patients. They threaten the viability of many practices."

The AMA President said Australia has seen too many poor decisions and mistakes in health policy.

General practice must be put front and centre in future health policy development.

"Despite the Government's best intentions – and lots of goodwill within the profession – the Health Care Homes trial and implementation failed to win the support of GPs or patients," Dr Bartone said.

"Instead of real investment, the trial largely shifted existing buckets of money around. It has fallen well short of its practice enrolment targets, and it looks like only a small fraction of the targeted 65,000 patients will sign up.

"But general practice still needs transformation and rejuvenation to meet growing patient demand and to keep GPs working in general practice."

Dr Bartone outlined the AMA's plan for general practice, which included in the short term:

- significant changes to chronic disease funding, including a process that strengthens the relationship between a patient and their usual GP, and encourages continuity of care;
- cutting the bureaucracy that makes it difficult for GPs to refer patients to allied health services;
- formal recognition in GP funding arrangements of the significant non-face-to-face workload involved in caring for patients with complex and chronic disease;
- additional funding to support enhanced care coordination for those patients with chronic disease who are at risk of unplanned hospital admission – a similar model to



Press Club speech calls for better health policy decisions

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the Coordinated Veterans Care Program funded by the Department of Veterans Affairs;

- a properly funded Quality Improvement Incentive under the Practice Incentive Program – the PIP;
- changes to Medicare that improve access to after-hours GP care through a patient's usual general practice;
- support for patients with chronic wounds to access best practice wound care through their general practice;
- better access to GP care for patients in residential aged care; and
- annual indexation of current block funding streams that have not changed for many years – including those that provide funding to support the employment of nursing and allied health professionals in general practice.

"In the longer term, we need to look at moving to a more blended model of funding for general practice," he said.

"While retaining our proven fee-for-service model at its core, the new funding model must have an increased emphasis on other funding streams, which are designed to support a high performing primary care system.

"This will allow for increasing the capability and improving the infrastructure supporting general practice to allow it to become the real engine room of our health system.

"It is about scaling up our GP-led patient-centred multidisciplinary practice teams to better provide the envelope of health care around the patient in their journey through the health system."

On public hospitals, Dr Bartone said a better plan was needed.

Instead of helping the hospitals improve safety and quality, Governments decided to financially punish hospitals for poor safety events.

"There is no evidence to show that financial penalties work," he said.

"Public hospitals are a critical part of our health system. They are highly visible. They are greatly loved institutions in the community. They are vote changers.

"The doctors, nurses, and other staff who work in our public hospitals are some of the most skilled in the world...

"Despite their importance, and despite our reliance on our hospitals to save lives and improve quality of life, they have been chronically underfunded for too long."

Dr Bartone called on the major political parties to boost funding for public hospitals beyond that which is outlined in the next agreement.

There must be a plan to lift public hospitals out of their current funding crisis, which is putting doctors and patients at risk.

And Governments must stop penalising hospitals for adverse patient safety events, he said.

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Dr Bartone's full address to the National Press Club of Australia can be found at: <https://ama.com.au/media/dr-antonio-bartone-speech-national-press-club>

Whatever it takes to clear up ambiguity over My Health Record privacy concerns

During the Q&A segment of his National Press Club address, AMA President Dr Tony Bartone promised a face-to-face meeting with Health Minister Greg Hunt to gain assurances the Government will take further steps to ensure the privacy and security of the My Health Record.

Dr Bartone said there had been a groundswell of concern from AMA members, the broader medical profession, and the public about the 2012 legislation framing the My Health Record, particularly Section 70, which deals with the disclosure of health information for law enforcement purposes.

"The priority of the AMA at all times has been to support the My Health Record, and its precursors, for the important clinical benefits it will deliver to doctors, patients, and the health system," Dr Bartone said.

"The AMA has always been protective and vigilant about the privacy of the doctor-patient relationship, and this should not be affected by the My Health Record.

"Given the public debate, I support calls for the Government to provide solid guarantees about the long-term security of the privacy of the My Health Record.

"I will do whatever it takes to ensure that the security concerns are raised and cleared up as a matter of urgency.

"This may involve examining the legislation."

Mr Hunt contacted Dr Bartone directly after the Press Club to set up a meeting to discuss all aspects of the rollout of the My Health Record.



AMA Family Doctor Week 22-28 July 2018

YOUR FAMILY DOCTOR:
HERE FOR YOU

Family Doctor Week highlights effective role of GPs

AMA Family Doctor Week recognises the work and dedication of Australia's 36,000 general practitioners who treat families and individuals with a range of health issues day in and day out.

"Australia's health system is one of the best in the world, and it all begins with the GP-led primary care system," AMA President Dr Tony Bartone said.

"Eight out of 10 Australians see their family doctor once a year, and more than nine in 10 always go to the same general practice, with 65 per cent of people surveyed reporting that they had been going to their family doctor for five years or more.

"People who have a regular family doctor tend to have better health outcomes, with new research from the United Kingdom suggesting that seeing the same doctor each time you need medical care might even reduce your risk of death.

"Patients who need urgent medical care can usually obtain an appointment on the day they call, with nearly two-thirds reporting that they were seen by a family doctor within four hours of making an appointment."

Dr Bartone stressed that GPs are specialists in their field, with a minimum of 10 to 15 years training, and they manage 90 per cent of the problems they encounter.

They are the leaders in preventive health care, early diagnosis and treatment, and comprehensive care.

"Australians rely on their trusted relationship with their family doctor," he said.

"It's a partnership with someone who knows their medical history, who they can talk to about their health concerns, who can advise them on how to reduce their health risks, who can assist them in managing their health, who can help them to feel well, and who can listen to them and guide them when it all starts to get too much.

"This continuity of care underpins quality health care, and is fundamental to better health outcomes."

As part of Family Doctor Week, the AMA produced a series of videos showcasing how your family doctor is there for you. They can be viewed on the Family Doctor Week Website <https://ama.com.au/family-doctor-week-2018>.

The following pages profile dedicated family doctors from each Australian State and Territory.

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AMA Family Doctor Week 2018

22-28 July 2018
YOUR FAMILY DOCTOR:
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South Australia – Dr Amanda Bethell

Rewarding life for doctor and patients

Being a general practitioner in a regional coastal town must have its challenges, but the idyllic location makes the positives somewhat obvious.

Port Augusta, on South Australia's beautiful Eyre Peninsula, is home to about 13,000 people, and for the few years Dr Amanda Bethell has been one of them.

Describing the small city (or large town) as a lovely location – and a great place to raise kids, Dr Bethell has immersed herself in the local community.

In addition to her day job at the Old Base Medical Centre, she has founded charities, chairs the Flinders and Far North Doctors' Association, hosts monthly multicultural meals, addresses countless events and meetings ... and that's just for starters.

"I teach medical students, supervise registrars, and I am on the after-hours roster at the hospital," she said.

"I do ward rounds at the hospital in the morning and see two or three patients, then at the clinic about 20 or 30 a day.

"What I really love about being a GP is spending my days with a wide range of people from all ages and stages and walks of life.

"We share their challenges and learn from each other. Being in a rural town helps me understand better some of the issues and opportunities for

the people I'm working with.

"I'm blessed to live in such a beautiful, rugged and culturally interesting part of the world."

Dr Bethell, who was last year named the Royal Australian College of General Practitioners GP of the Year, sees several families where she is treating four generations.

"It's lovely to see that and be involved in the generations that way. Some of my patients have children the same age as mine and who go to school together," she said.

"The other day an elderly lady came in because she had broken her arm. She has osteoporosis. I had that discussion with her, but she was brought in by her daughter, so I had the discussion with her too.

"The discussion with the daughter was that she had a family history of osteoporosis and so we could take precautions. Those opportunistic occurrences are rewarding."

Dr Bethell finds much of her life as a GP in Port August rewarding.

"My husband and I just started a Parkrun in Port Augusta," she said.

"It's really nice to be able to be involved in a health promotion activity that's social and it's free. And I get to see patients in a family context."

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Northern Territory – Dr Chris Clohesy

Immersed in the community

Being a GP who works in a clinic located 600kms east of Darwin well and truly qualifies you as a remote medical practitioner.

That is exactly what Dr Chris Clohesy is, treating patients in the Maningrida Health Clinic in the Northern Territory.

“This is an impoverished community of about 4,000 people, mostly Aboriginal. And it is an incredibly busy clinic,” Dr Clohesy said

“This is an awesome spot. It’s very lovely and the country is great. It’s coastal and it’s right on the edge of Kakadu.

“It is a ridiculously busy clinic. I am here by myself, the only doctor. Hopefully I will have a registrar soon. We have a team of seven though, with the nurses and others.

“Because this is a massively impoverished community, there are acute medical problems. Rheumatic fever is a big problem.

“The clinic has great nurses and great equipment, which makes treating people that much easier. But it can get totally nuts here. It’s so hectic.

“We get good support from Darwin. We also get med students come through and that’s great because we can put them to work.

“I get pulled from room to room by the nurses and then I squeeze in a few patients myself in between. Then there’s emergencies.

“The x-ray machine is so good to have. Maningrida is a real hot spot for radiation and it’s all coming from our clinic.

“I laugh a lot and am a bit jovial, but it is very stressful here.”

Everyone who knows Dr Clohesy, talk of him in glowing terms. He certainly keeps people laughing and he has an engaging personality. “He’s a lovely guy all round,” said one colleague.

He is also highly regarded for his professionalism and attention to detail.

Dr Clohesy has only been at Maningrida a couple of months, but he was working in another remote clinic directly before and has lived and worked in rural communities much of his career.

“I think I can deliver it better if I live in the community rather than FIFO (fly-in fly-out),” he said.

“All the primary health care and the emergencies are easier to handle if I’m living here and accepted by the community. And I have been really welcomed by this community. That makes me feel great.

“I ran water for the footy grand final the other weekend – they play it hard core here.”

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New South Wales – Dr Danielle McMullen

A positive influence in patients' lives

For Dr Danielle McMullen of the Church Street Medical Practice in Newtown, being a family doctor is an enormous privilege.

Primary care is a passion, as is the whole medical profession – she has held numerous roles in the AMA, including being on the NSW AMA Board since 2014 and Vice President of AMA New South Wales since May this year. She is also now on the Federal AMA Board.

In the big and busy city clinic where she works, Dr McMullen is known for being down-to-earth and approachable, funny and witty, calm and competent, and extremely good at her job.

She is a strategic thinker and a problem solver.

“I’ve been here at this practice almost three years and I have gradually put the family trees of people together,” she said.

“Eventually it dawns on you, or a patient tells you, that you’re also treating their whole family.

“I see about 25 patients in an average day, and they are all ages. My patients are between the ages of zero years and 96.

“The highlight of being a family doctor is that you get to know the family you are treating, and, in some respect, you become part of the family.

“That is really profound and quite a privilege. They genuinely care about us, and we care about

them. We are giving them medical care, but it’s in the context of their whole lives. We really get to know them.

“You know how far to go with treating their health because you know what else is going on for them.”

Dr McMullen insists her passion for general practice came from wonderful mentors and supervisors. Because of that, she wants to give back and has ensured she remains an advocate for the profession and for excellence in training of young doctors.

When she is not treating patients, Dr McMullen likes to hike, and she has just signed up to a gym.

“I am taking my own advice, which I dish out liberally to my patients, that they need to do more exercise,” she said.

For Dr McMullen, it is the appreciative patients who make her work immensely worthwhile.

“It is pretty special when we are given real heartfelt thanks, because you know you have helped someone,” she said.

“You have been able to do something for them that has been positive in their lives – like when someone gets pregnant after having been trying for so long.”

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Queensland – Dr Colin Owen

For the welfare of the community

Described by those who know him as a hero of the bush, Dr Col Owen has been practising medicine in Inglewood, South-West Queensland for half a century. For three years before that, he was practising in the even more remote Charleville.

A Life member of AMA, a founding President of both the Rural Doctors Association of Queensland and the Rural Doctors Association of Australia, and a founding Fellow of the Australian College of Rural and Remote Medicine, Dr Owen is a well-qualified GP at the Inglewood Medical Centre.

“I have been practising here for 50 years and six months,” he said. “I’m getting the hang of it.”

The town of Inglewood has a population of 1200, but the practice has a catchment of 3000-plus because it serves the region and locations around it as well.

“On a quiet day I might see 30 patients and on a busy day it could get up to 60. It depends on the season,” Dr Owen said.

“I have been involved in treating five generations of patients. That’s really amazing, and for me that is pretty special. You really get to know them. And it is important medically, to be involved in the

health care of a community and generations of the same families for so long.

“I once did obstetrics, surgery and anaesthetics here and I have delivered many children. I have delivered the children of children I have delivered.

“My last delivery, the mother said to me ‘do you remember delivering me too?’ and I said ‘yes’, but then her husband said ‘you delivered me too’. I didn’t remember that one, but it turns out that I delivered both the mother and the father of the baby I was delivering then.”

Dr Owen knows only too well that being a family doctor in a small regional community, means you are much more than the local GP.

“You have got to be part of the community when you practise medicine in a small place like this,” he said.

“You know what’s going on and you get involved. But you’re not just a part of the community, you have to be a leader in certain areas.

“You have to be an advocate for the health of the community and lead on a number of issues for the community’s welfare.”

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Tasmania – Dr Jane Gorman

Like looking through a kaleidoscope

Variety is the spice of life for Tasmanian Dr Jane Gorman.

A general practitioner at the Augusta Road Medical Centre in Hobart’s northern suburbs, Dr Gorman has many strings to her bow – and that’s what keeps it real for her.

“I like flexibility. I’m a GP, I’ve been involved in travel medicine, family planning, diet, GP-land, and orthopaedics in my past life so I get called on for that a lot,” she said.

“I am eminently travelable. I’ve done two locums to Lord Howe Island in the past couple of years and I found it fantastic. You have to be prepared for trauma and such to that kind of work in those kind of locations, but I really enjoy the work.

“I do two days as a GP and two days as a private assistant and orthopaedic work. On an average day in my clinic I would see about 20 patients.”

Dr Gorman has been at her current practice for nine years, but previously she worked in orthopaedics in Sydney for four years, then two years advanced work in the area before moving onto a year working an Emergency Department.

“Then I met a dentist from Tasmania and eventually we moved here, and we now have three kids together,” she said with a smile.

“I love living and working in Tasmania and I really love treating the patients I have.

“I have quite a few families where I am treating generations. I really enjoy that because it gives me a great insight into them. Hearing what parents say about their kids and what kids say about their parents can be very helpful.

“I find working with families really very rewarding. I love seeing what happens to them, which is something you don’t get in orthopaedics – you do the surgery and then they’re gone. But as a GP you get to see how your patients develop and you’re with them two years down the track.

“I love watching kids grow up and I love watching older people grow older.

“I was once asked to use a prop to describe what being a family doctor is like and I turned up with a kaleidoscope. With a kaleidoscope, you get to look down this little hole where you get insights you wouldn’t experience anywhere else.

“There are jewels and patterns that no one else sees. That’s what it’s like being a doctor. It’s quite a privilege.”

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Victoria – Dr Jim Glaspole

Access, the key to success

In the eastern part of Melbourne, not too far from the CBD, is a busy clinic that is so much part of the local community that locals can't remember it not being there.

Dr Jim Glaspole joined the Vermont Medical Clinic in 2002. His father joined in 1965.

"I was part of my father's recruiting efforts, but he left two years after I joined," Dr Glaspole said.

"I came along as the fourth partner and there have been a number changes since. It is now solely my practice.

"The clinic opened in 1960 and this is its third location in 58 years."

The current location Dr Glaspole refers to is as part of the Vermont South Medical Centre complex, which the clinic moved into in May last year.

"We moved from a five-consulting room practice to an 18-consulting room practice," he said.

"There are now nine doctors.

"The nature of my practice is that it's very busy most of the time. I inherited a lot of patients from doctors who have gone before me, so my practice does skewer a lot towards the old aged group. I

deal with a lot of chronic disease management.

"I am very often treating second and third generations. I do a lot of aged care visiting – at least once a week and quite often more often.

"I also do a lot of skin cancer work and research through Monash University."

An average full day at the clinic would see Dr Glaspole treating about 34 patients.

His work is varied and he takes great satisfaction in knowing that he and his clinic have built a good reputation for providing high quality medical attention.

He is a local and so is his clinic.

"This practice has been part of the community for more than 50 years," he said. "I went to the local primary school because I grew up in the area.

"Even though they move away from the area, many still choose to come to this clinic.

"The way that I see it is there's the person access as well as the disease access. It's the combination of both those aspects that makes medicine interesting."

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Australian Capital Territory – Dr Rashmi Sharma OAM

Two decades of community service

About 20 years ago, Dr Rashmi Sharma opened a medical practice in the southern suburbs of Canberra with her sister Divya.

Today, the Isabella Plains Medical Centre is a thriving practice and Dr Sharma is a recipient of the Order of Australia Medal.

She is a Clinical Associate Professor at the Australian National University's Medical School, the head of education for GP Synergy, sits on numerous Government committees and, as a Practice Principal at Isabella Plains Medical Centre, regards herself as a portfolio GP.

"I think the joy of general practice is the privilege of joining with some of your patients through their lives with them," Dr Sharma said.

"Of the all the caps I wear, general practice is the one thing I enjoy the most. Sitting in a little consultation room with a patient is very satisfying. It keeps me grounded

"I have been in this practice about two decades – I started it with my sister who is also a GP. I have seen patients grow up and start families.

"I bumped into a patient on the street the other day and I hadn't seen them for some years, yet I remembered the condition of their child. We have

patients for life.

"And we are not just looking after patients, we are looking after the community. We have been looking after the southern parts of Canberra for two decades. We have second and third generation patients."

As the head of education at for GP Synergy, Dr Sharma has had to spend considerable periods in New South Wales, looking after about 200 registrars the provider is training.

In recent times, she relocated to Northern New South Wales where she grew up. But that has not stopped her work in Canberra.

"I couldn't give up my practice in Canberra. I only do general practice in Canberra," she said.

"So, I kind of fly-in fly-out, but so much of my medical work is in Canberra.

"Some days I might see 30 patients in the clinic. We have a lot of nurses too who do a great job. We started this clinic and went from four doctors to 17 doctors, and from no nurses to seven nurses. We feel very proud of what we have been able to do for this community."

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Western Australia – Dr Simon Torvaldsen

More than just writing a script

Dr Simon Torvaldsen is Chair of the AMA WA Council of General Practice, and he is also one of the owners of Third Avenue Surgery in Mt Lawley, just a few kilometres north-east of Perth's city centre.

In an area that overall has a somewhat middle-class flavour, his patient demographic is quite mixed.

"It's mainly mortgage belt and professionals – I have quite a few doctor patients – but also a significant number of elderly, less wealthy patients who have lived in the area for many years, plus some tenants of cheap unit accommodation," he said.

"We are privately billing, although we bulk bill most pensioners. Our standard appointment is 15 minutes and most doctors see four patients per hour or somewhat less, as we do not discourage longer appointments and have a focus on quality care and patient satisfaction."

Third Avenue Surgery has 10 consulting rooms.

"The work is so varied. From parents worried about their small children with fevers, to depressed and anxious teenagers," Dr Torvaldsen said.

"My oldest patient died recently aged 104. I managed the sudden and somewhat unexpected deterioration, counselled family, provided palliative care, arranged nursing support and she passed away peacefully at her low-care aged

care facility. It avoided hospital admission, which would have been expensive, futile, and most likely a poor quality, undignified end to a long and worthwhile life.

"Also recently, I had to gently nag an ophthalmologist who came in with wax impacted in his ear, jammed in by his attempts to remove it using various eye surgery instruments. Fortunately, it was easily removed by me. We doctors are not good at self-care, and general practice is a specialty in its own right. He will get me to do it next time.

"It is certainly not all coughs, colds and minor illnesses. Although we see plenty of that and the real skill is in picking the more serious conditions from the minor illnesses, especially as they often present to us in the very early stages.

"So much of what we do in general practice is about ensuring good communication and good understanding. It is not enough to just write the script.

"The reward is in the long-term care and seeing people through all sorts of things, as well as seeing the results of our medical care and the difference we make to people's lives.

"We sometimes forget the degree of trust they put in us. And for me, the sheer variety keeps the day interesting and the brain nimble."

CHRIS JOHNSON



Your patients' health in their hands

BY PROFESSOR MEREDITH MAKEHAM

Information for AMA Members from the Australian Digital Health Agency about My Health Record.

Australians are being offered an important choice over the next three months about how they want to interact with their health information.

By the end of 2018, all Australians will have a My Health Record created for them, unless they choose not to have one.

The decision, importantly, is theirs to make after considering the benefits of having immediate online access to their health and care data, and being able to share it with their clinicians.

They will have access to information such as their medicines and allergies, hospital and GP summaries, investigation reports and advance care plans which could not only save their life in an emergency but also help their clinicians find vital information more quickly so that they can make safer health care decisions.

Trusted health care providers – GPs, specialists, pharmacists and others – are likely to find their patients want to talk to them about their decision. The My Health Record system is here to support better, safer care – not to replace current clinical record keeping systems or professional communication. Neither will it replace the patient-doctor relationship and clinical judgement. It is simply a secure online repository of health data and information that wouldn't be accessible otherwise.

The data flows into the record from securely connected clinical information systems in hospitals, general practices, pharmacies, specialists' rooms, and pathology and radiology providers. It also provides access to Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) data, the Australian Immunisation register and the Australian Organ Donor registry.

People understandably want reassurance that the Australian Digital Health Agency (the Agency) holds the privacy and security of their health information as its first priority. The system's security has not been breached in its six years of operation. There is no complacency however – My Health Record system security operates to the highest standards, working with the Australian Cyber Security Centre and others. It is under constant surveillance and threat testing.

The legislated privacy controls are world-leading and easily accessed on the consumer portal. They include features such as a record access control – similar to a PIN – that a person can apply to their entire record so it can't be viewed unless shared with their clinician. In an emergency, the legislation allows a clinician to 'break glass' and see vital medicines and allergy information. However, all instances of this are audited and people can choose to receive a text or email informing them if this happens.

The steps required for a healthcare practitioner to view a My Health Record require a number of security authentications to take place. For a provider to access the My Health Record via their clinical information system, they must be a registered health care provider – for example, registered with the Australian Health Practitioner Regulation Agency. They must also have a valid provider identifier and work in an organisation with a valid organisational identifier.

Software must be conformant, with a secure and encrypted connection to the My Health Record system. In addition, the patient must have a record on the provider's clinical information system as a patient of the practice.

The Agency has not and will not release documents without a court/coronial or similar order. No documents have been released in the past six years and no other Government agencies have direct access to the My Health Record system.

We know 230,000 hospital admissions occur every year as a result of medication misadventure, costing the Australian taxpayer \$1.2 billion annually. Many of these could be avoided if people and their clinicians had better access to vital medicines and allergy information.

The 'Medicines View' is a recent addition to My Health Record. It provides a consolidated summary of the most recent medicines information from notes entered by GPs, hospitals, pharmacies and consumers.

Over the past 12 months, the system has enriched its clinical content. Public and private pathology and imaging providers are now connecting and a vast increase in connected pharmacy systems as well as hospitals has occurred. This will accelerate the realisation of benefits as clinicians find they can access a more comprehensive source of information within the My Health Record system.

This month, a national communication plan was launched to ensure Australians are well informed when making their decision. Almost 20,000 My Health Record education kits were distributed to GPs, community pharmacies, aboriginal health services, post offices and public and private hospitals.

Our role as health care providers is to be our patients' advocate, to support them in making the decisions and choices that will lead to better health outcomes and ensure that they have access to safe and effective care. My Health Record isn't here to solve all of our problems, but it is an important step forward in our ability to deliver a safer and better-connected healthcare system.

Clinical Professor Meredith Makeham is Chief Medical Adviser of the Australian Digital Health Agency.



Getting the right My Health Record

BY AMA PRESIDENT, DR TONY BARTONE

For well over a decade, successive Australian governments have worked to make an electronic health record a reality.

The AMA and the medical profession have been strong supporters of such a record. It promises greater efficiencies in recording, storing, and sharing vital health information. But it must be the right record – one that combines a safe, single record of a patient's health information with the necessary privacy and security systems in place.

“If health care was simple and predictable, and if a patient only ever needed clinical treatment from a single, regular clinician, we would not need a My Health Record at all.”

There is a lot of misinformation around now, and people concerned fears of hacking and third-party access to files, but we continue to be assured that the current My Health Record model offers all the relevant protection.

The finite benefits far outweigh the possible concerns. It is a great asset for the health system.

If health care was simple and predictable, and if a patient only ever needed clinical treatment from a single, regular clinician, we would not need a My Health Record at all. The patient's doctor would have all the patient's clinical information in their own clinical software on the desktop.

But patients' lives are more dynamic and unpredictable than this. Emergencies happen. Each patient will be seen by many different doctors for different reasons at different times, and will be treated in multiple settings.

As well as their GP, patients might be treated in hospital, see specialists and allied health professionals, be referred by different doctors to different pathology labs and diagnostic imaging providers. These realities mean that each doctor who treats the patient doesn't currently have a clear overview of the range of treatments the patient has received.

The My Health Record will help connect care across the health

system and start to address the treatment fragmentation.

The multiple doctors and allied health professions who all treat the same patient at various points in time will be able to access a summary of relevant patient clinical data at the time of treatment – irrespective of the clinician's specialty or physical location in Australia. The result will be safer, faster, and more efficient health care.

We would see a reduction in things like medical harm due to anaphylaxis because clinicians other than the patient's usual doctor can access the patient's records quickly and efficiently no matter the location.

The electronic record can save lives. A Brisbane GP recently told a Senate inquiry how the earlier version of the My Health Record saved the life of one of his patients.

He said that the hospital was able to access the information that was in that electronic record and made the decision not give the diabetic patient, who was in a coma, the usual antibiotic that would have been administered for sepsis. This person had a severe anaphylactic allergy to that antibiotic and, if it had been given, would have been killed. That is a powerful example of the value of an electronic health record.

The electronic record will also go a long way to addressing the intractable problem of delayed or non-existent handovers of admitted patients to their GPs on discharge.

It will reduce medical harm due to polypharmacy, which is a big issue. There are an estimated 230,000 hospital admissions costing over \$1.2 billion annually due to medicine misadventure in Australia.

My Health Record should also deliver increased efficiencies and reduced waste. Treasury estimates suggest savings of around \$123 million by 2020-21 by eliminating avoidable duplicated pathology tests, diagnostic images, and averted medical misadventures.

We have come a long way over the last decade. There has been considerable consultation and trialling to get things right – and safe. We must push ahead with this My Health Record.

This article was first published in Fairfax newspapers on 24 July 2018.

INFORMATION FOR MEMBERS

Specialty Training Pathways Guide – AMA Career Advice Service

With more than 64 different medical specialties to choose from in Australia, making the decision to specialise in one can seem daunting.

AMA members now have access to a new resource – one designed to assist in making decisions about which specialty pathway to follow. We know that concerns about length of training, cost of training and work-life balance are important factors in making these decisions, and information on the new site will help here too.

The absence of a comparative and definitive guide was raised by our doctors in training and medical students.

Responding to this need from our doctors in training and medical students, the AMA Career Advice Service has developed a comprehensive guide to the specialties and sub-specialties which can be trained for in Australia. The Guide will be updated annually to reflect changes made by the Colleges, and the 2017 update will be uploaded shortly.

The web-based Guide allows AMA members to compare up to five specialty training options at one time.

Information on the new website includes:

- the College responsible for the training;
- an overview of the specialty;
- entry application requirements and key dates for applications;
- cost and duration of training;
- number of positions nationally and the number of Fellows; and
- gender breakdown of trainees and Fellows.

The major specialties are there as well as some of the lesser known ones – in all, more than 64 specialties are available for comparison and contrasting.

For example, general practice, general surgery and all the surgical sub specialties, paediatrics, pathology and its sub specialties, medical administration, oncology, obstetrics and gynaecology, immunology and allergic medicine, addiction medicine, neurology, dermatology and many, many more.

To find out more, visit www.ama.com.au/careers/pathway

This new addition to the Career Advice Service enhances the services already available which include one-on-one career coaching, CV templates and guides, interview skills “tips” and, of course, a rich source of information available on the Career Advice Hub: www.ama.com.au/careers

For further information and/or assistance, feel free to call the AMA Career Advisers: Annette Lane and Christine Brill – 1300 133 665 or email: careers@ama.com.au

Please note current information within the guide relates to 2016 requirements. Information will be updated to reflect 2017 requirements soon.

Let the AMA's Specialty Training Pathways guide help inform your career decisions.



Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

Private health insurance reforms – moving ahead



In October last year, Health Minister Greg Hunt announced that the Government would embark on a package of reforms aimed at making private health insurance simpler and more affordable for Australians.

Private health insurance is one of the most complex forms of insurance and the current complexity of product offerings has led many consumers to report that they do not understand what they are covered for. These reforms aim to simplify private health insurance hospital cover by creating easily understood tiers of cover. There will be four tiers of hospital products Gold, Silver, Bronze and Basic. These new private health insurance products will take effect from April 1, 2019.

When announced, the AMA President welcomed the reforms as a long overdue opportunity to bring much-needed transparency, clarity, and affordability to the private health sector. However, the AMA also noted that the challenge ahead was to clearly define and describe the insurance products on offer – to deliver meaningful and consistent levels of cover in each category.

The reform package has built on the work of the Private Health Ministerial Advisory Committee, which was established to examine all aspects of private health insurance and provide government with advice on reforms. This committee met extensively and set up several working groups to look at specific issues. The AMA has been represented continuously throughout this process. An ad hoc group of members has been working to provide the AMA representatives with advice and support.

As part of this process the AMA recently provided a submission to the Health Department concerning the draft standard clinical definitions that support the new private health insurance categories. More recently, the Government has introduced the legislation required to support the package of reforms into parliament. The legislative package has now been referred to a Senate Committee Inquiry, which is expected to report in mid-August.

On Sunday July 15, the Minister announced the Gold, Silver and Bronze categories again without much further information. However, the next day the Health Department released the draft rules (or subordinate legislation/regulations) that will support the package of reforms.

Under these new rules, the proposed Gold, Silver and Bronze policies will not contain restrictions or carve outs for included clinical treatments (except hospital psychiatric care, rehabilitation and palliative care). According to Government modelling currently about 25 per cent of people with private hospital insurance purchase cover have restrictions applied to a clinical category other than hospital psychiatric care, rehabilitation and palliative care. In the new system, only the new Basic category can have restrictions (outside hospital psychiatric care, rehabilitation and palliative care), and even then, it must be clearly marked as having a restriction.

The AMA Secretariat is now working with the other Colleges, Associations and Societies to provide the Government with comprehensive advice on the proposed rules, including the critical issue of clinical definitions and MBS item coverage under these definitions.

Extract of a letter to members from AMA President Dr Tony Bartone.



Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

Hospital Treatment Product Tiers – Gold, Silver, Bronze and Basic

Hospital treatments by clinical category	Basic	Bronze	Silver	Gold
Rehabilitation	✓R	✓R	✓R	✓
Hospital psychiatric services	✓R	✓R	✓R	✓
Palliative care	✓R	✓R	✓R	✓
Brain	RCP	✓	✓	✓
Eye	RCP	✓	✓	✓
Ear, nose and throat	RCP	✓	✓	✓
Tonsils, adenoids and grommets	RCP	✓	✓	✓
Bone, joint and muscle	RCP	✓	✓	✓
Joint reconstructions	RCP	✓	✓	✓
Kidney and bladder	RCP	✓	✓	✓
Male reproductive system	RCP	✓	✓	✓
Digestive system	RCP	✓	✓	✓
Hernia and appendix	RCP	✓	✓	✓
Gastrointestinal endoscopy	RCP	✓	✓	✓
Gynaecology	RCP	✓	✓	✓
Miscarriage and termination of pregnancy	RCP	✓	✓	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	RCP	✓	✓	✓
Skin	RCP	✓	✓	✓
Breast surgery (medically necessary)	RCP	✓	✓	✓
Diabetes	RCP	✓	✓	✓
Heart, lung and vascular system	RCP		✓	✓
Blood	RCP		✓	✓
Back, neck and spine	RCP		✓	✓
Plastic and reconstructive surgery (medically necessary)	RCP		✓	✓
Dental surgery	RCP		✓	✓
Podiatric surgery (provided by an accredited podiatric surgeon)	RCP		✓	✓
Implantation of hearing devices	RCP		✓	✓
Cataracts	RCP			✓
Joint replacements and spinal fusion	RCP			✓
Dialysis for chronic kidney disease	RCP			✓
Pregnancy, birth and neonates	RCP			✓
Assisted reproductive services	RCP			✓
Weight loss surgery	RCP			✓
Insulin pumps	RCP			✓
Chronic pain	RCP			✓
Sleep studies	RCP			✓



Indicates the treatment/service is a minimum requirement of the product category. The service must be covered on an unrestricted basis.

RCP

Restricted cover permitted: indicates the treatment/service is not a minimum requirement of the product category. Insurers may choose to offer these as additional services on a restricted or unrestricted basis.



Indicates the treatment/service is a minimum requirement of the product category. The service may be offered on a restricted cover basis in Basic, Bronze and Silver product tiers only.



Indicates the treatment/service is not a minimum requirement of the product category. Insurers may choose to offer these as additional services; however, it must be on an unrestricted basis.



Advances in treating breast cancer

A world-first study has revealed that triple negative breast tumours can be treated with a drug that cuts the communication between normal cells and tumour cells.

Triple negative breast tumours are the most aggressive and have the fewest treatment options, but Australian researchers were part of a team that has found what is described as a secret hotline between breast cancers and the normal cells surrounding them.

This two-way communication was uncovered in mouse models of disease and investigated further in people. In a Phase I clinical trial, a drug known as SMOi was used to block the communication, resulting in promising clinical responses in several breast cancer patients.

The findings have been published in international journal *Nature Communications* and are the result of a collaboration between researchers at the Garvan Institute of Medical Research in Sydney, the Centre for Cancer Biology in Adelaide, and GEICAM, a translational breast cancer research group Spain.

The research focused on triple negative breast cancer, where treatment options lag far behind other breast cancer types. Triple negative breast cancer is hard to treat because its cells lack crucial landmarks that are used as targets for medical treatment in other breast cancers.

The researchers investigated the role of non-cancerous cells, which along with cancer cells are a part of every breast tumour. They then analysed the genetic output of thousands of individual cells within the tumour.

Importantly, they found that cancer cells send signals to neighbouring non-cancerous cells (known as cancer-associated fibroblasts or CAFs). And CAFs talk back: they send back their own signals that help the cancer cells become drug-resistant and to enter a dangerous state the researchers call stem-like.

The researchers disrupted the hotline between CAFs and cancer cells by using the drug, which targets CAFs and stops them from pushing tumour cells towards a stem-like state. In mouse models of triple negative breast cancer, treatment with the drug reduced the spread of cancer, slowed tumour growth, increased sensitivity to chemotherapy and improved survival.

Following the success in mice, The Garvan Institute's Associate Professor Alex Swarbrick, who led the research, worked with the Spanish translational breast cancer group GEICAM to carry out a Phase I clinical trial in 12 triple negative patients, in which several patients saw measurable responses to the drug.

One patient, who had an aggressive, metastatic triple negative breast cancer that was unresponsive to several other treatments, achieved a 'complete response' – her metastatic tumour shrank and became undetectable.

Professor Swarbrick said the research has led to a major step forward in our understanding of how CAFs can drive aggressive cancer.

"It's the stem-like cells in breast tumours that are particularly bad players, as they can travel to distant parts of the body to create new tumours and are resistant to treatment," he said.

"We knew that CAFs played a role in turning cancer cells into a stem-like state, but now we know exactly how they communicate with tumours – and how to stop them talking to one another.

"We found that when they received signals from cancer cells, CAFs produced large amounts of collagen, a protein that forms a dense scaffold in the tumour, which increased its stiffness and helped to maintain the stem-like state of the cancer cells.

"When we disrupted the hotline in our models and also in our patients, collagen density was reduced, and the cancer cells weren't as stem-like anymore."

Phase I clinical trials in a small number of patients are now complete. The results have been so promising that Professor Swarbrick and his medical collaborators are currently working on designing and funding Phase II trials to test the effectiveness of this treatment in a larger group of patients.

This work was supported by funding from the National Health and Medical Research Council, Love Your Sister, John and Deborah McMurtrie, the National Breast Cancer Foundation, RT Hall Trust and Novartis.

The Centre for Cancer Biology is an alliance between the University of South Australia and SA Pathology.

CHRIS JOHNSON

WMA condemns complicity of doctors in Iranian executions



The World Medical Association has condemned state-affiliated doctors in Iran for helping to facilitate the execution of young prisoners in that country.

The strong rebuke follows the recent execution in June of 19-year-old Abolfazl Chezani Sharahi, who was sentenced to death in 2014.

The WMA says his sentence was issued based on an official medical opinion by the Legal Medicine Organisation in Iran, stating that he was mentally mature at the age of 14 when the crime of which he was convicted took place.

The WMA said such complicity of medical professionals is totally unacceptable.

WMA President Dr Yoshitake Yokokura and WMA Chair Dr Ardis Hoven wrote a stern letter jointly addressed to the Office of the Supreme Leader, Ayatollah Sayed 'Ali Khamenei, to President Hassan Rouhani, and to the Head of the Judiciary Ayatollah Sadegh Larijani.

The letter stated that the involvement of physicians in such a way that ensures the execution of prisoners is in direct violation of international law and their duties as physicians, and is both unethical and illegal.

"Further, physicians have a clear duty to avoid any involvement in torture and other cruel, inhuman or degrading punishment, including the death penalty," they wrote.

"This is specified in the World Medical Association's policies and the International Code of Medical Ethics. Doctors who provide 'maturity' assessments that are then used by courts to issue death sentences, as do physicians affiliated with the Legal Medicine Organisation, are facilitating the execution of individuals."

According to Amnesty International, Abolfazl Chezani Sharahi was the fourth individual since the beginning of 2018 to be executed after being convicted of crime committed when under the age of 18.

There are at least another 85 juvenile offenders who currently remain on death row based on medical maturity assessments.

"Iran has ratified the Convention on the Rights of the Child, which absolutely prohibits the use of the death penalty against people who were below the age of 18 at the time of the crime they are convicted of committing," the WMA letter states.

"We urge Iran's authorities to amend the Islamic Penal Code so as to comply with international human rights laws by abolishing the use of the death penalty for crimes committed by people below the age of 18 in all circumstances.

"The World Medical Association calls for Iranian authorities to acknowledge a physician's duty to do no harm and to guarantee that physicians are complying with the fundamental principles of medical ethics by prohibiting physician involvement in sentencing individuals to the death penalty or in the preparation, facilitation, or participation in executions."

In a further letter to Dr Iradj Fazel, President of the Iranian Medical Council, the WMA calls on the Council to publicly acknowledge a physician's duty to do no harm and to condemn firmly the medical maturity assessments provided by the Legal Medicine Organisation.

"The World Medical Association urges the Iranian Medical Council to speak out in support of the fundamental principles of medical ethics, and to investigate and sanction any breach of these principles by association members," the WMA said.

CHRIS JOHNSON

WHO praises Greece for giving asylum seekers universal health coverage

The Greek Government has taken steps to address the health of 60,000 migrants and refugees currently living in the country, by granting access to primary health care (PHC) services, coordinated for migrants and Greek citizens alike by the Ministry of Health.

The World Health Organisation has congratulated Greece on the effort.

“WHO has been working with Greece on a European Union-funded project to ensure that the reform plan follows WHO policy recommendations.”

WHO Director General Dr Tedros Adhanom Ghebreyesus and WHO's Regional Director for Europe Dr Zsuzsanna Jakab, visited Greece in June at the invitation of the country's Prime Minister Alexis Tsipras, to inspect the implementation of a WHO-endorsed plan for refugee and migrant health.

WHO's Public Health Aspects of Migration in Europe (PHAME) program works to strengthen the capacity of countries' public health services to deal with large influxes of migrants.

Speaking at a recent regional WHO meeting, Prime Minister Tsipras said the issue of access to health services was of critical importance because “protecting human dignity and health is not a privilege or a luxury”.

WHO has been working with Greece on a European Union-funded project to ensure that the reform plan follows WHO policy recommendations.

Dr Tedros congratulated Mr Tsipras for his commitment to universal health coverage, and to ensuring that all residents of Greece can access the health services they need, when and where they need them, without facing financial hardship.

“The investments Greece is making will generate a return not only in terms of better health, but also in terms of poverty reduction, job creation, inclusive economic growth and health security,” Dr Tedros said.

This approach means migrants can access medical support, as well as cultural mediation to ensure that services are appropriate. They are also guided in navigating the health system so that they can, for example, receive the medication they need to manage chronic conditions. Greece has invested in PHC, despite experiencing a severe financial crisis.

For the first time Greece has developed unified PHC services based on community PHC units. Known as TOMYs, these units are staffed with multidisciplinary teams of general practitioners, paediatricians, nurses, health visitors, social workers and administrative staff. TOMYs work in collaboration with already existing ambulatory care units, health centres that provide specialised, diagnostic and dental health-care services.

The first TOMY opened in Thessaloniki (Evosmos) in December 2017, and currently there are 94 units in operation. Each unit has a capacity to serve approximately 10,000 people, and they are likely to reach this capacity within a year.

Dr Jakab said: “Standing shoulder to shoulder with the Greek Ministry of Health, we have made significant efforts that will continue to contribute to improving the health of the Greek people, including the most vulnerable.”

WHO suggested to Greece that the TOMY teams map the health needs of the communities they serve.

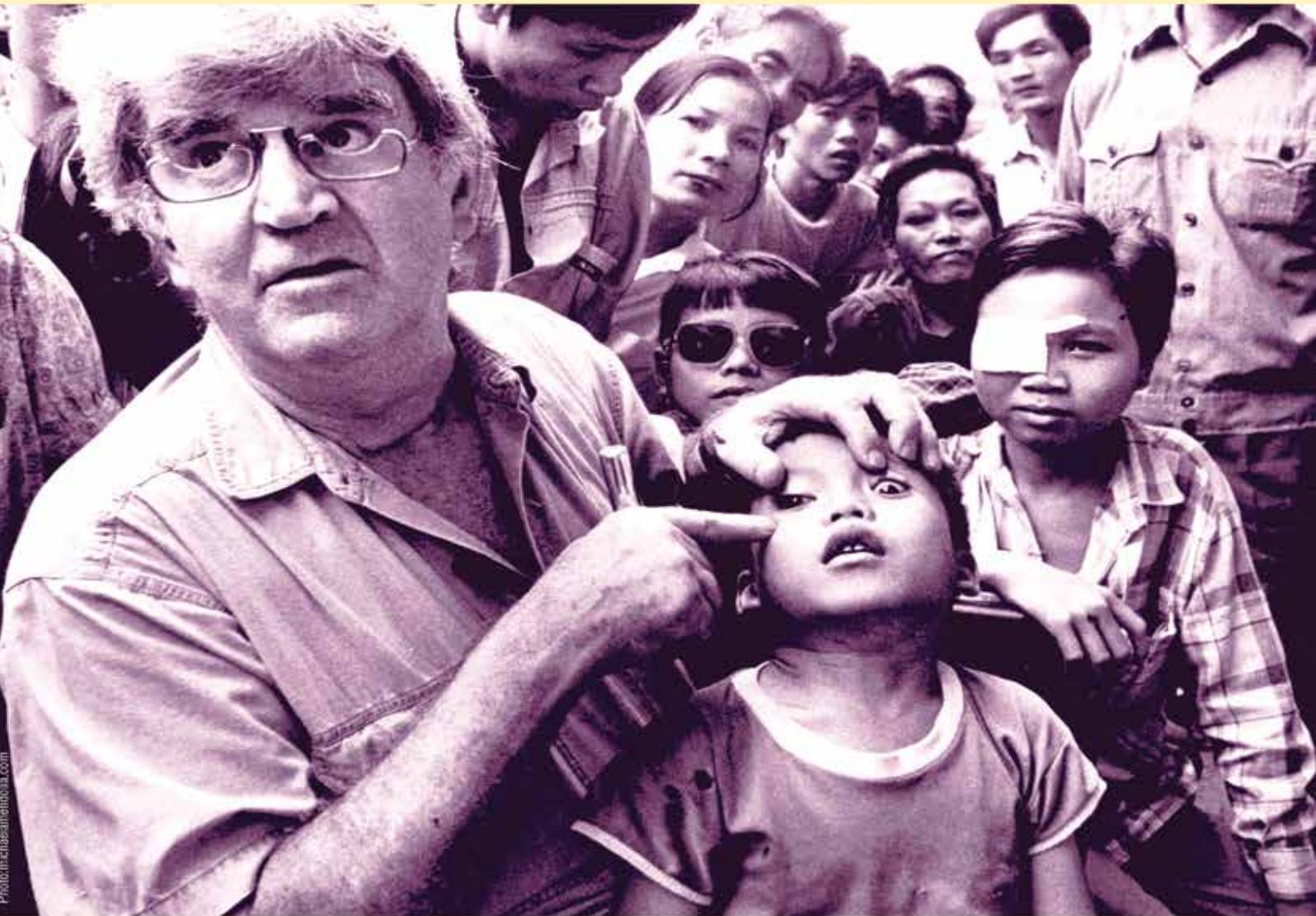
Dr Tedros and Dr Jakab's visit to Greece coincided with the official launch of the new WHO Country Office in Greece, which will facilitate collaboration with the Ministry of Health and other stakeholders on national health priorities, as well as supporting multicountry cooperation programs. It is the 149th WHO country office worldwide, and the 30th in the European Region.

Dr Andreas Xanthos, Greece's Health Minister, said that the establishment of the WHO Country Office in Greece significantly strengthens the country's efforts towards universal health coverage and a sustainable and effective health system.

“This did not happen by chance – it is the result of a whole-of-government strong political commitment to upgrade our country's cooperation with WHO,” said Dr Xanthos.

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Fees & Services List: A free online resource for AMA members. The AMA list of Medical Services and Fees provides an important reference for those in medical practice to assist in determining their fees.



Career Advice Service and Resource Hub: This should be your "go-to" for expert advice, support and guidance to help you navigate through your medical career. Get professional tips on interview skills, CV building, reviews and more - all designed to give you the competitive edge to reach your career goals.

www.ama.com.au/careers



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