

Australian Medical Association Limited

ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
 Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
 Website : <http://www.ama.com.au/>



Transcript: AMA President, Dr Tony Bartone, Doorstop, Darwin, Wednesday, 11 March 2020

Subject: Coronavirus response package

TONY BARTONE: The AMA welcomes the announcement this morning by the Morrison Government, and indeed the Health Minister as well, of the \$2.4 billion into the particular items to address the health sector response to COVID-19. At the cornerstone of that package announcement today is the announcement on Telehealth item numbers to help manage both the load and the distribution of the expected case load of patients requiring attention during this time.

It's important to note that, as the AMA, we've been on the front foot advocating for Telehealth item numbers right since the bushfire crisis, and we've made the case of the important part that they can play in this process. So, in this COVID-19 opportunity for the better and more effective management of patients, we're going to be able to ensure that well patients are able to continue to attend clinics with the confidence that people are being managed in an appropriate environment, either through the GP respiratory clinics or through the appropriate infection control measures, to give them the confidence that they can still attend.

Those that are vulnerable can attend and continue to access the care they need over the phone, over the video channel, without having to venture out into the community. But more importantly, those who are relatively well with minor symptoms and infected with COVID-19 do not need to attend the clinic and can be managed at home with simple measures; and in that opportunity, keeping the spread of the virus in the community down to an absolute minimum.

We're still in a containment phase - that is, we're trying to identify cases, isolate them, contact trace. We're trying to delay the inevitable uptick in the surge of number of reported cases, which will then place a significant burden on the entire health system.

At the moment, we are now ramping up that surging capacity, identifying how we can best deal with that uptick in case load. But also, by being better prepared, we're going to hopefully be able to smooth out the transition of that eventual next phase when we have to actually then deal and mitigate with the consequences of a widening spread of COVID-19 in the community.

It's important that the community plays its role in this process and by simple measures of continually addressing hand washing and coughing etiquette. If they're unwell with respiratory symptoms, they shouldn't be out in public gatherings and further identifying- seeking opportunity for healthcare at an early point in that cycle. It's about understanding that with the other measures announced today - the specific respiratory clinics of which the GP ones will be a large chunk of will be able to keep those with moderate symptoms out of hospitals, unless if really requiring that next stage of treatment.

We'll be able to identify more cases, keep the pressure off overcrowded EDs, and keep them being managed appropriately. They obviously will be distributed throughout the community and, in consultation with the PHNs and other associations, the AMA will be leading the role of

identifying doctors that can put up and become these GP respiratory clinics with the necessary increase in infrastructure, which the announcement today by the Government will provide for.

There's also other measures in the announcement today and they include a significant bolstering of the communications package. Clearly, one of the biggest issues that's been confronting both community and frontline healthcare workers is the inconsistency of messaging at times. And this will allow for a considerable ramping up of that message to the community in all forms, both in social media, in mainstream TV, in the printed press, at bus stops, in community clinics, and other places where people will frequent and congregate.

It's about being very clear about the message. It's about messages about the importance of continual hand washing to deal with the effects; the importance of cough etiquette; and exactly what does social distancing mean. All of these will become important components of the response that public can commence in trying to contain the advancing spread of COVID-19.

There are other items announced in today's announcement. There was \$100 million for additional surge capacity in aged care workers, which is obviously going to be a crucial area. We expect and await more announcements in the distant future to address exactly those issues in more depth. There's identification of research options as well in there, as well as other items regarding being able to electronically manage prescriptions and medication supply in the community, especially to the more vulnerable who can't get out during these particular times.

So, it's a really good start. This package, it addresses a number of the issues that we've highlighted. It specifically now is about the implementation. We are ready to roll up our sleeves. We've been in constant dialogue with the Minister and the Chief Medical Officer about ways to implement this quickly. A number of the suggestions in the package today were, in fact, exactly suggestions which have been advocated by ourselves and by others continuously over the last few weeks, and it's really pleasing to see that the Department, and indeed, the Minister, have chosen to respond so timely and so rapidly to those suggestions.

We do need to not rest on our laurels. This is just phase one of a considerable uptick in both the healthcare sector response and the community response. And we, as a healthcare sector, really require the continual support and acknowledgement, and indeed, information sharing with our Federal and State officials to ensure that we're protected, that we protect our patients, and indeed, we protect the community from the advancing spread of COVID-19.

Thank you.

QUESTION: Are you confident that, with this new package announced today, the health system is adequately resourced to cope with the uptick in COVID-19 cases that you're anticipating? And if not, what else could be required and when?

TONY BARTONE: This announcement today of \$2.4 billion is a significant investment in our health system at a time of significant pressure and stress. It's obviously very welcome and it's the first tranche of what will soon be a further scaling up, I'm sure, as we get deeper and more along into the phase of the COVID-19 penetration into the community.

It's important to note that the hospital system was under stress before this began. The plans are in place now to try and relieve some of those pressure valves. Each State and jurisdiction has their own plan to try and relieve those pressures as best they can. This announcement will go a significant part of the way to reducing the load on them while they're preparing themselves for any expected increase in the significant, more complex complications of COVID-19, for which obviously they'll be at the front-line.

But it clearly highlights the important role that community, GP practices, and community respiratory clinics adjacent to a lot of the hospitals - will play in preventing that pressure on to the system. And we need to understand that this is part of a coordinated response. It's very welcome.

Of course, we'll be in constant dialogue during the implementation phase to ensure that they're being rolled out effectively and smoothly and clearly. And if we see signs of further stress, we'll be the first people to put up our hands and have that conversation with the Minister and, indeed, the Department, about the need for additional funding and resources.

QUESTION: [Indistinct] the respiratory clinics would work, and will they be in remote areas, where a lot of really vulnerable people live [indistinct]?

TONY BARTONE: So clearly, the identification of the sites of those 100 clinics is an important part of the first stage of scoping and implementation. The PHNs will have to work with the AMA and other bodies to identify where those locations will be. They need to be distributed right across the community, population and rurality both being important determinants of where they're going to be placed, as well as proximity to larger hospitals to manage any expected complication overflow in terms of case load.

So, they've got to be connected, coordinated with a hospital response, also connected with the community, and also accessible by especially all the groups in the population, including our most vulnerable and including those that will have other access barriers to accessing appropriate care.

QUESTION: It sounds like you're saying \$2.4 billion is a down payment, an excellent down payment. How much do you think this could ultimately cost? Four point eight, 9.6, more than that?

TONY BARTONE: Just like the numbers bandied about by the modelling, it clearly is an evolving issue. I expect that as we get deeper and more information comes in, and if we're able to significantly contain the virus in its early phase - that's the spread of the virus in the community - and we're able to spread that load over a longer softer period of time in terms of the impact on the health system, the announcement today will go a very long way to meeting a lot of that demand.

Of course, there are a significant number of projections and no-one really knows where. But we've got to be prepared. And today's announcement is as much about identifying how we can improve our preparation and our planning and I'm sure all the authorities are very acutely

aware of the importance of the continual monitoring of that response and identifying when and if more resources are needed.

11 March 2020

CONTACT: John Flannery 02 6270 5477 / 0419 494 761
 Maria Hawthorne 02 6270 5478 / 0427 209 753

Follow the AMA Media on Twitter: http://twitter.com/ama_media

Follow the AMA President on Twitter: <http://twitter.com/amapresident>

Follow *Australian Medicine* on Twitter: <https://twitter.com/amaausmed>

Like the AMA on Facebook <https://www.facebook.com/AustralianMedicalAssociation>