

**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, SKY News, *with David Speers*,  
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**Subjects:** Medicare Out-of-pocket costs, My Health Record, Assisted Dying Legislation.

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**DAVID SPEERS:** Let's turn from power prices now to the price of a visit to the doctor. This week new figures show the rate of bulk billing hitting a record high of 86.1 per cent. That means 86.1 per cent of GP visits carried no out-of-pocket expense but new figures from the Australian Institute of Health and Welfare also showed 34 per cent of patients did pay something - the median out-of-pocket expense ranges from about \$12 in western Sydney to an average \$32 in the ACT. So, while about a third of Australians are facing an out-of-pocket expense, 86 per cent of doctor visits are bulk billed. What does that mean? Those who are lucky enough to be bulk billed are clearly going to the doctor more often than those who have to pay an out-of-pocket cost. Doctors' groups this week also flagged a major campaign ahead of the election to lift the Medicare rebate they receive saying it remains grossly inadequate.

Joining us now is the President of the Australian Medical Association, Tony Bartone. Thank you very much for your time this morning. Just remind us what do doctors currently get for each consultation and what do you think it should be?

**TONY BARTONE:** Good morning, David. So essentially depending on the type of consultation for a standard bulk bill consultation or a Level B, that's a \$37.60 rebate on the MBS schedule. Now, it's not a question of what we think it should be, what we do know is that it's significantly out of touch and out of pace with the cost of provision of that service...

**DAVID SPEERS:** [Interrupts] What's the cost of provision?

**TONY BARTONE:** So, doctors have to assess what the cost of their services to provide their services will be. Now if you look at the range of the marketplace for those out-of-pocket-where there is an out-of-pocket charge it can be, 60, 65, right up to 80. Now that's obviously got to be taken into account the doctor making an assessment of the cost of providing that service and all the inputs that go into that. So, it varies across the country, across the suburbs, and it really basically, takes into account all the input costs. But there is a range, it typically could be anywhere between 65 and 75 for a standard consultation. More in some places...

**DAVID SPEERS:** ...Yeah, it depends on where you are in the country...

**TONY BARTONE:** Exactly.

**DAVID SPEERS:** What rent you're paying, all of that. But you must have a figure in mind as to what you think that Medicare rebate should be?

**TONY BARTONE:** What I can tell you, David, is if you compare the Medicare rebate over the last 30-plus years in terms of the indexation that would have gone in if it just did CPI each year, there's almost a two and a half times differential between the CPI increase on that base rate where it was when it was introduced 1 February 1984. In the last four years, or more, those Medicare rebates have been frozen and for some of the specialist procedures, in particular, for diagnostic imaging and for other services, they are still frozen. So, if you look at those continual freezing of that over that time and plus the partial indexation over many, many years, it's just completely become a diverging exercise. We will obviously be talking with the

Government in terms of ensuring that there is a recognition of that disparity but also in terms of all the other additional costs that go into the provision of that service.

**DAVID SPEERS:** Well, this partial thawing of the freeze certainly has begun but it's not enough obviously to satisfy your organisation. So, if you don't see more action from the Government soon, what sort of campaign are you willing to wage in the lead up to the election?

**TONY BARTONE:** I think the Australian public is now facing a situation where it's recognising that depending on where it goes in the system it will at some stage will face an out-of-pocket and those out-of-pockets are becoming more and more significant. What we've seen is that where out-of-pockets have been introduced they have been going up faster than the rate of inflation. So for consumers, for patients, that is obviously going to be a concern, and a worry. Together on behalf of patients, as well as ourselves we're going to put that very clearly to the Government, to say that that can't continue. The Out-of-pockets Ministerial Committee is also another area where we continue to put pressure on the Government. Obviously patients themselves can send a message to Government at the election. We saw at the previous election even on the poorly implemented Mediscare campaign. That sent a powerful and a very, very scary message to the Government that health is a significant important factor when it comes to the Australian public at the election.

**DAVID SPEERS:** That campaign suggests Medicare would be sold off. But if you're basing a campaign on facts, are you saying that there would be fertile ground in the electorate around these sort of concerns you're pointing to?

**TONY BARTONE:** And you're right. That campaign was based on incorrect facts. But the fact that the public understood it to be about their Medicare, about their rebate, worried them significantly and this is the message...

**DAVID SPEERS:** ....So you could have a similar campaign but a factually based similar campaign.

**TONY BARTONE:** Essentially saying that the cost of provision of services continues to go up, the rebate hasn't kept pace. This is why they're experiencing pressures. Doctors are continuing to try and accommodate bulk billing where they can but that is a continual squeezing of the margins and sooner or later that won't be able to continue, and that will only be passed on.

**DAVID SPEERS:** So how do you explain that record bulk billing rate then this week?

**TONY BARTONE:** So essentially if you drill down into those figures, two-thirds of the Australian public will have all their consultations bulk billed. But that means a third do still face an out-of-pocket but because of volume, because of repeat visits that pushes up the rate of...

**DAVID SPEERS:** Bulk billing rate.

**TONY BARTONE:** ...bulk billing rate. But that can only continue for only so long. It can't continue indefinitely and sooner or later you'll see a change and that will send another message, another signal. But doctors take into account the circumstances of their patients. We tried to accommodate, we were aware of their financial stresses. We know that they haven't had significant pay rises for many years now and they're doing it tough and we take that into account and that's what we try- what these figures show is that we're really using our means to try and absorb a lot of those costs but that can only continue for so long.

**DAVID SPEERS:** That's GPs. Can I just ask you about a story that was in the *Courier Mail* yesterday in relation to, well obstetricians, I guess. The story suggested that half the babies delivered privately are being billed as complex births. Doctors who claim a complex birth get an extra \$1000 more than a normal birth, and medical groups saying half of all babies delivered privately are complex births. That can't be right. What's your take on that?

**TONY BARTONE:** When it comes to the schedule and the fees and the rebates or the items that are claimed, they actually take into account a number of varying procedures. Now, people with simple births perhaps are preselecting out going to a public service or to a midwife. So you'd expect that where there are complex factors you would seek the attention and the care of a specialist because of the potential complications because....

**DAVID SPEERS:** [Interrupts] So this isn't price gouging by those doctors?

**TONY BARTONE:** I think it's a question of patients wanting to be sure that they're protected, they're covered, they've got the best of services. And we know when it comes to the best of care you will select specialist care in a private facility.

**DAVID SPEERS:** On the My Health Record, there have been a number of changes announced by the Government to try and address privacy concerns. I think there may be a few more coming this week as well. Have your concerns now been addressed to you urging Australians to be comfortable about remaining in the My Health Record system?

**TONY BARTONE:** What we've seen is assurances that that legislation will be significantly amended and repaired in terms of providing that protection for privacy for patients. Assurances have been heard loud and clear. We await the legislation. I expect it will be introduced this week or next, to the Parliament. What we're hearing is, that there'll be significant amendments on many sections of that legislation to ensure the privacy of patients is protected. And yes, we're continuing to work with the Government to ensure that those provisions do occur.

**DAVID SPEERS:** Alright, we'll see that legislation. I might get your views once we've had a look at that. Just a final one. The Senate voted this week as you know against giving the ACT or the Northern Territory the power to make their own laws on voluntary assisted dying. I know different doctors hold different views on this. What's your own position on euthanasia?

**TONY BARTONE:** We have a Position Statement that was introduced the back end of 2016. It's very clear, and remains the case that obviously no medical practitioner should be involved in the process of anything that is voluntary assisted dying or euthanasia. It's very clear. We've introduced that, and it remains the position of our association.

**DAVID SPEERS:** AMA President, Dr Tony Bartone, thank you very much for joining us this morning.

**TONY BARTONE:** My pleasure. Thank you.

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CONTACT: John Flannery 02 6270 5477 / 0419 494 761