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**Transcript:** AMA President, Dr Tony Bartone, with Samantha Maiden, SKY News, 21 August 2017

**Subject:** Bulk Billing Figures

**SAMANTHA MAIDEN:** The number of Australians using bulk billing has reached a record high. According to the Government, GP visits rose by more than three million last year as Australians use bulk billing GPs to avoid paying to see a doctor, apart from of course paying their Medicare levy. Medicare data shows bulk billing numbers increased by 0.6 of a per cent to 85.7 per cent and the cost of Medicare benefits soared to 22 billion – that’s billion with a B – dollars; a four per cent increase. Flu season of course regularly sees increases in bulk billing numbers. And we are joined now by the Australian Medical Association Vice President Tony Bartone.

Tony, thanks for being there this morning. What do these figures actually tell us, because a lot of people would still say they find it difficult to find a bulk billing GP?

**TONY BARTONE:** Good morning, Sam, and thank you. Look, yes, these figures are being published on a quarterly basis and do point to a very slight but definitely an increasing trend in terms of the number of consultations that are being bulk billed. But, yes, you’re right, that it is somewhat difficult sometimes to find a bulk billing doctor, but it does point to the fact that significantly a lot more work is being done by doctors to try and accommodate what is obviously a growing perception by patients of their inability to meet all their health care costs. And in this case doctors recognise that pressure on their patients and are often trying to accommodate their needs and they sense that pressure and they feel the unease that patients are under, and so they don’t like to make that choice between having to encounter an out of pocket, and what we do know when we talk about out of pockets is that they have been growing.

So for, the portion of the population that isn’t being bulk billed, their out of pocket expenses, especially in light of the current freeze, has been growing and growing significantly over the past years. So it’s a two-edged sword. Doctors are working harder and longer to try and accommodate pressure to bulk bill patients who need that support or that aid during time of financial burden, which obviously we know about the burdens in the community when it comes to meeting household costs. At the same time, those who are able to afford to contribute to their care are finding that they’re dipping into their pocket even more so than they have in the past.

**SAMANTHA MAIDEN:** Yeah, I was going to ask you about the out of pocket costs. I mean Canberra notoriously has low rates of bulk billing and high rates of out of pocket costs, many would say that people in Canberra deserve it sometimes but you could easily – you frequently pay \$80 when you go to see a doctor and that’s a significant gap. What sort of gap payments are people paying on average when they can’t get a GP who bulk bills?

**TONY BARTONE:** As you know, the fee throughout the country varies and it’s up to each individual GP to set his or her own fees. Typically, anywhere, you know, \$60, \$65, \$70 is commonplace. But yes, you’re right, there are examples in areas where it does reach as much as \$80 and that’s just north of the AMA recommended fee for that consultation. But the important thing to note is that, at the end of the day, these are all small businesses that have increasing costs and have had to meet those costs in the face of a frozen rebate for many years now and, at the end of the day, the pressures build. So something’s got to give and,

unfortunately, what we'll probably find is that spring will keep being tighter and tighter and the ability to fund that growth will come to a head, will come to a point where invariably something where doctors will have to make a decision between consultations, number of consultations and what can be done within a consultation without incurring additional expenditure.

**SAMANTHA MAIDEN:** Yeah, because often you will find, for example, that if you go to the GP with a child, if the child pipes up with something that the doctor will say no, no, no you've got to book again, you've got pay another fee, which is fine, but what do you make of these claims that we've heard in the past that the bulk billing rate is going up because of this sort of five minute medicine and you have these big clinics that are really just sort of pumping people through?

**TONY BARTONE:** We know from recent data, from the BEACH reports, that are now ceased in the last year or so, that consultation lengths of time was increasing, and increasing. The average consultation was in the area of around about 13 minutes or so. And that has been a steadily increasing trend. That's not surprising. Chronic disease on the increase, aging population on the increase. Those two factors will drive the length of a consultation longer and longer and what you're finding, is unfortunately, that doctors are being put in a situation where they need to be – to increase their efficiencies even beyond what normally can be done to try and accommodate a bulk billing consultation item as opposed to a fully private consultation item.

**SAMANTHA MAIDEN:** Okay, and just one last question, I don't want you to be running late – GPs are never late as you know – but what about this debate in relation to these after hours doctors that come to your home? I know that sometimes the Australian Medical Association hasn't always liked it because they are getting a very high fee to come to your home. But for parents, and a lot of people, it is so convenient to have a doctor come to your home. What do you think needs to happen in relation to this because there's a lot of push on for this to be cracked down on.

**TONY BARTONE:** I think the key feature or the key item here is about the urgency and the additional funds that are put in place to try and fund that urgent after hours care. We've got a very restrictive – reduced amount of resources in terms of Medicare funding, and we've got to make sure we apply that equitably and for access for the whole community. What we're finding in this case is that after hours consults, which are very lucrative, have been growing at a faster rate than anything else in the health sector space because of that convenience. And we've got to weigh up when it's a convenience for Medicare resources. We've got – we've been saying that the after hours doctors provide a valuable service, an incredibly valuable service to the community on behalf of the nation's GPs but, at the end of the day, it's got to be a service which is under the proper guidelines to ensure the limited dollars spread far and wide and doesn't become the province of a situation where we've got an area working independently of the family general practice, which has ultimately got the long term interest of that patient and their long term care front and centre of their mission statement.

**SAMANTHA MAIDEN:** Okay, Dr Bartone, thank you very much for that. That was definitely a long consultation in the Medicare schedule. Thanks a lot.

**TONY BARTONE:** Thank you very much, Sam. Good morning.

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