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**Transcript:** AMA President Dr Tony Bartone, ABC TV News, *National Wrap*, Sunday, 22 July 2018

**Subject:** National Press Club address, General Practice, My Health Record, Refugee Health, Childhood Obesity

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**PATRICIA KARVELAS:** AMA President, Dr Tony Bartone, will this week deliver his first major speech at the National Press Club. titled Health Reform Improving the Patient Journey. He joined me a short time ago. Dr Bartone, welcome to National Wrap.

**TONY BARTONE:** Good evening.

**PATRICIA KARVELAS:** You're giving a big speech at the National Press Club this week, and you're going to talk about reshaping general practice to take pressure off public hospitals. What is your plan, what would you like the Government to do?

**TONY BARTONE:** Essentially, it's about understanding the centrality of general practice and how it can, by giving the right tools, by giving the right ability and the right infrastructure and resources, be able to take more of the pressure off other parts of the health system which are currently over-burdened. And being able to do it in a much more efficient and a much more effective manner, and a less costly manner, and thereby ensuring that there are more of the health resources which are scarce are being able to be used and targeted to the very many conditions which are currently growing in terms of...

**PATRICIA KARVELAS:** [Interrupts] So what would change, what would general practice do, that it doesn't currently, to take some pressure off?

**TONY BARTONE:** Well, we can look to take some of the load off some of the various outpatient clinics and reduce the delay, that time lag in terms of getting to see an alternative specialist in a specific field, you know, the hold up. It's not uncommon to hear of patients waiting many, many months, and sometimes even years, to get into an outpatients' clinic. So, by freeing up the really urgent or the really critical access issues, we can by taking the load off in terms of the ability of the services that we can do at a practice level, if we've got the right tools, and we've got the right teams and the right personnel, to take that load off and allow that flexibility.

**PATRICIA KARVELAS:** What's the price tag?

**TONY BARTONE:** The price tag will be significant in the short term, but, obviously the downstream savings will then...

**PATRICIA KARVELAS:** [Interrupts] Are you going to name the price tag this week?

**TONY BARTONE:** The price tag will obviously have to be in the discussions with the Government, and be part of a working strategy in terms of understanding the scope of it. It still has to be significantly put through the wringer, but a price tag will come out in the mix in the course of time.

**PATRICIA KARVELAS:** The digital My Health database has been incredibly controversial. Has the Government bungled it?

**TONY BARTONE:** Look, if it had its time over again, perhaps it would have had a much clearer, a much wider communication strategy. It's not been a surprise to many of the patients who regularly attend general practice, for example, because they would have seen this coming. It wouldn't have been a surprise to the people in the opt-out area trials that were running in 2016, where there were about a million people as part of that trial, so that wasn't a surprise to them.

But, if you've been well, and you haven't been attending a doctor, and you haven't been to the post office, and you haven't been reading the paper, well probably it has come as a surprise. But, essentially the more information, the more communication, the more readily acceptable something that's really quite transformational would be to the average Australian.

**PATRICIA KARVELAS:** Should the opt-out period be extended?

**TONY BARTONE:** Look, I think it comes a time where I don't think there's a case of having to extend the period, it's about ensuring that everybody's got the access to the information and being able to make that conversation. So either with your doctor, if you do happen to go into your doctor over the next three months or, if not, by reading the information that's provided in the My Health website. And if you've still got queries, ring the support line. But ultimately it is your own decision, it's your own personal health record. You can control the security...

**PATRICIA KARVELAS:** [Interrupts] What about police getting access to the data without warrants? I mean that's been a big issue for people. Will that change?

**TONY BARTONE:** No. I think it's been put to bed over the weekend that, without a court order, there wouldn't be that access to the system...

**PATRICIA KARVELAS:** [Interrupts] So you feel like some of those issues are finally being natted out or answered?

**TONY BARTONE:** This process has been going on for the best part of more than a decade. The security, the privacy concerns, the access, the control by the average person - the consumer - has been really the consequence of more than a decade of consultation and discussion. And obviously there have been some things that perhaps have been overlooked. They're getting closer and closer to being finalised and really natted down to the last degree but, at the end of the day, I think we probably could be sure that there is an enormous amount of security protocol.

**PATRICIA KARVELAS:** But look at this story, Australia's system is identical to the one in England, and that was cancelled after it was found to be selling patient data to drug and insurance companies.

**TONY BARTONE:** All I can say is that that is specifically not allowable in the current framework. There's no scope, there's no ability to have third line access or to other people, the discussion about identified data in the future to Government-specified authorities for the use of population planning and health planning, in terms of budgetary uses and other health resources.

But certainly no access to insurers, no access to any other commercial entities is envisaged at all for the system.

**PATRICIA KARVELAS:** You're also going to mention refugees and access to transparency around health and refugees in your speech. What are your concerns, what do you want to change around this, and what are your representations to the Home Affairs Minister, Peter Dutton?

**TONY BARTONE:** So we've been clear and on the record that the level of health care, the level of access to health care to anyone in detention, to anyone under the pleasure of the Australian Government, needs to be the same level as any other Australian citizen. And we've all said that we'd like to have a panel of independent medical experts to assess the level of that. That hasn't changed in our advocacy.

But also it's about, you know, with the new Surgeon General for Australian Border Force, Dr Gogna, and look we've met already with him, we've had the conversations about continuing that transparency and that open access to ensuring that our concerns are being at least listened to and acted upon.

**PATRICIA KARVELAS:** Just a final question. Should primary school students be all weighed and their height be documented? Because some people say this idea that the Government is considering could be a version of fat shaming.

**TONY BARTONE:** It's important to understand that for the average Australian, two-thirds are either overweight or obese. For a significant proportion of them, they don't realise that they have that problem, that issue. Now, primary school children are a very sensitive group of the population. And so when and where would have to be as part of maybe a medical check. So it's not actually targeted as such, but it's about an all-round medical exam ... done in a non-threatening manner, done in a non-fat shaming manner, absolutely, because that would only ensure that there were other alternative problems arise as a consequence.

**PATRICIA KARVELAS:** Dr Bartone, thanks for your time.

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

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