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Transcript: AMA President, Dr Tony Bartone, ABC News, *Afternoon Briefing with Patricia Karvelas*, 24 March 2020

Subjects: Medicare-funded Telehealth, Coronavirus

PATRICIA KARVELAS: For more on the latest health implications of COVID-19, I'm joined by the Australian Medical Association President, Tony Bartone. Dr Bartone, welcome.

TONY BARTONE: Good afternoon, Patricia.

PATRICIA KARVELAS: Do you think Australia is doing enough now to flatten that curve?

TONY BARTONE: We've seen a number of measures and a number of announcements in the last week, just to be clear, and clearly the messaging and the take-up by the community as a whole has been concerning, which has led to further measures to be announced. The problem is that each of those announcements, each of those measures, is going to take a while before it translates to being seen on that curve flattening, the trajectory of that curve that we are really looking for.

We could always look at the data in hindsight, but that doesn't give us the luxury in this case. We need to look at it, the evidence, as in comparison to all the other jurisdictions. We're really doing a significant ramping up of that social isolation message. I think we might be at a stage whereby, if we don't see continued take-up and we don't see a reduction in some of those new case numbers coming through, we will need to look at further measures to increase the effectiveness of the measures already implemented.

PATRICIA KARVELAS: Well, the Health Minister has warned of further lockdown restrictions already today. So, is a wider shutdown necessary immediately in your view? We're telling people to stay home, Dr Bartone, but at the same time the shops are open. So I wonder - it seems to me an inconsistent message if you're saying, well, we're going to keep the shops open but you need to stay home. I mean, are we confusing people? Is this sending mixed messages?

TONY BARTONE: Clearly, if there is that level of anxiety and confusion in the community, we need to be able to completely eradicate that, because unless we do we're going to have a situation where we don't get the buy-in from the community. This is one time where the community is all important in the success of and the response to our measures. Without that, we certainly won't get the buy-in.

It is not enough to have the brightest minds in the world and the most effective plans unless you have the community in lock-step with you in the implementing of those plans. And so, we need to be clear with our messaging and we need to be clear with our engagement of every single community member.

PATRICIA KARVELAS: On schools, for instance, we have a different approach taken by different States. In New South Wales, the approach is the Premier saying keep your kids at home if you can, but schools are still open. But at the same time, we're told the advice is that

it's fine to keep schools open. Isn't that again a mixed message? If it's okay to send children to school, why would the Premier be saying to people if you can, keep them home?

TONY BARTONE: Each jurisdiction, each area and State and Territory of Australia will be looking at its data, will be looking at its case load and case reports, and looking at the spread in its local community. And clearly, we are at different points on the curve in different parts of the country. We are a Federation, and I acknowledge that each State and Territory will need to look at that data and need to act at the appropriate time for their area of their jurisdiction. And that might vary.

Clearly, the data and the evidence around the closure of schools is very, very mixed and there's no clear consensus in the scientific data to support an immediate cessation of all school classes. However, we do understand that in different parts of the community there is community transmission at a much more significant extent than there are in other parts of Australia, and it's up to the purview of each State and Territory health officer to really communicate that and to inform the public as to the reasons why their jurisdiction is going down one track or not, and to engage with the community as a whole.

PATRICIA KARVELAS: Dr Bartone, do you think we need this wider shutdown immediately? I know that the National Cabinet will discuss it tonight. We'll have a result either tonight or by the morning, but do you think that needs to happen now?

TONY BARTONE: It would be really great to see the real time data and the real time modelling that goes with that. And that clearly is not in my purview. However, given the increasing level of anxiety in the community, given the mixed messaging that is occurring at the moment, we are getting closer, especially with some States more than others, to that next step.

And that fear that is building up in the community at various parts, which no matter how we try to allay that, seems to still percolate through. We need to be able to get that community together. And if moving to the next step is one of the ways to do that, that is obviously a decision for the Ministers' meeting tonight to take the decisions to protect the Australian public.

PATRICIA KARVELAS: The Health Minister, Greg Hunt, said that Australians who test positive for COVID-19 should go straight home, after there were reports of some confirmed cases of people going and buying medical and other supplies immediately after finding out that they were testing positive. Given this is going on, and yes, we know that there is a beefing up of policing around this, but do you think we need to look at other measures, like, for instance, electronic monitoring of those who have COVID or have been exposed to COVID?

TONY BARTONE: I know that that has been taken up in certain jurisdictions in other parts of the world, and they are very draconian measures. And clearly, if after continued messaging, continued information, and continued advice to the people in question, if they continue to do measures such as what you have described, we need to look at what we can do, because it's just not acceptable to-

PATRICIA KARVELAS: So you think electronic monitoring might be necessary?

TONY BARTONE: What I am saying is that we need to have the clear education, information and guidance for the people in question and make a very, very clear, very plainly clear, that they are expected to go home, do not pass go, do not collect the supermarket goodies, and just go straight home and do their bit to protect the community. And if that message isn't getting

through, well, I think the authorities will make the next decisions as to the appropriate way to ensure that they follow that advice.

PATRICIA KARVELAS: The Federal Health Minister spoke today, as you know, and said there have been disturbing reports of abuse of health workers. What have you heard from the front-line? What's happening in GP clinics and with GPs?

TONY BARTONE: So, for the last two weeks now, it's been a completely different atmosphere in the GP clinics. In my own clinics that I work at, I have seen everything from abject uncertainty and concern in patients' eyes, to fear, and then motivated with emotion unnecessary to the actual issues that they want to talk about. So, they want to be seen. They don't understand that they need to fill in a triage that asks about questions about respiratory symptoms, and have they had contact? Have they been overseas? These are questions that seem foreign to some of them and: no, I'm fine, I just want to be seen.

And that level of anxiety is permeating through to the practice staff. They are under enormous pressure to communicate that, to ensure that they do their best to try and protect other patients in the waiting room, and indeed protect doctors and the other health care workers in the practice who have to deal with the patients, and not unnecessarily and unwittingly be exposed to someone who may be in the early stages of COVID-19 infection.

PATRICIA KARVELAS: What should people who want to support doctors and health workers be doing?

TONY BARTONE: Understand that they are in, as any other member of the community, they are in there with them in this process. They are integral in part of the front-line response and they need the community support. They need to understand that we need more information than usual before we can allocate appointments. We need to understand that if you are asked to go in through a separate door and wear a mask, it's for your benefit as well as the doctor's benefit and the staff's benefit in the clinic. We need to understand that there are going to be pressures and we can't test everybody for COVID-19.

We have to accord to a protocol of who can be tested, and simply worrying about the fact that you might have been exposed to someone with a runny nose and you're wondering if you've got COVID-19 is sufficiently not enough reason, and accept the doctors' guidance in that place.

PATRICIA KARVELAS: We know that there's been an escalation of e-health and telehealth as well today - do you think now the settings are right?

TONY BARTONE: Those settings will be a very important measure in terms of lightening the load in terms of foot traffic into the clinic to avoid unnecessary movement of people in the community, especially as levels of COVID-19 rise. So that's an important first step.

What it also does is it frees up the risk of front-line doctors from unnecessarily becoming victims and then being taken out of the workforce for up to as much as two weeks or more unnecessarily, when we've really got a lack of redundancy in the capacity of our workforce. So, we've really got to have those items understood.

But the next thing that it really will do is allow the confidence for those people that need to be seen to come in and be seen, because you still need face-to-face, in-person care. And we know from data from previous epidemics, SARS in particular, that there were more unwanted outcomes from missed other primary care opportunities for health intervention than from the actual epidemic itself.

And so, we need to understand that strokes, diabetes, heart attacks, rheumatoid arthritis, these all keep on occurring and will need the management and, indeed, the care of their usual doctor during this time.

PATRICIA KARVELAS: Thank you so much for your time, Dr Bartone.

24 March 2020

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