

Australian Medical Association Limited

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Transcript: AMA President, Dr Tony Bartone, Today Show, 24 March 2020

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KARL STEFANOVIC: Well, the way you visit your doctor is about to change with the Government expanding Medicare-funded Telehealth to all patients. That means Australians can now phone up or even video chat with their GP or a consult.

ALLISON LANGDON: Dr Tony Bartone is President of the Australian Medical Association, and he joins us now in Melbourne. Dr Bartone, thanks for your time. This system has been designed to protect our doctors and patients during the crisis. Can you explain to us how it will work?

TONY BARTONE: Good morning, Ally, and thanks for having me on. It is a new way of communicating and consulting with your GP and with your specialist, as of now. So, what we can have is, either with the use of a phone or with a smartphone, or with the use of a laptop or a computer and a video channel chat, have that consultation as if you were in the room.

The week before last, we started rolling out new Medicare item numbers to allow this to happen in a progressively short time. Now have the ability to do that. By the end of this week, we're hoping that all GPs and all medical specialists will be covered to have consultations with patients so they can continue the care as best they can during this period.

And the big benefit will mean that people don't have to go out and about to clinics, to busy waiting rooms where potentially there might be other patients that have the developing symptoms of COVID-19, or, more importantly, also having the ability to have doctors who would otherwise be vulnerable to the effects of COVID-19 because they're on immunosuppressive drugs or they're pregnant or they have young children at home, and then be taken out of the workforce which would be really restricting the available doctors at the time when we need them the most. And so, keeping up our workforce of doctors engaged as much as we can.

KARL STEFANOVIC: I guess people are going to be concerned that they don't get diagnosed in as accurate in a way, and we know that GPs are being inundated at the moment with literally thousands of people ringing up saying: hang on, do I have this, do I have this? Can I get tested? Can I get tested? Will they be tested in the same way, and can you ease some of those concerns?

TONY BARTONE: So, obviously from a testing point of view, we're still going to need to see those patients in a face-to-face environment and clearly, we can't replace everything through a video chat or through a phone call. But, what we can do is really triage what needs to come in and what doesn't need to come in, and thereby ensure that the people who actually need to be there are triaged into the ones with respiratory symptoms and the ones that don't have respiratory symptoms.

And so, we're trying to keep those populations separate and then trying to stop the spread even between them. But of course, we do have to lay hands on patients. We do have to physically examine, and those things will obviously be a secondary approach through the triaging, through, say, the video consult or the phone consult.

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