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**Transcript:** AMA Vice President, Dr Tony Bartone, ABC Radio Melbourne, *Breakfast with Jacinta Parsons and Sami Shah*, Thursday 26 April 2018

**Subject:** GPs using technology to support their practices

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**JACINTA PARSONS:** It does seem that we are waiting to see doctors for a long time. How long do you have to wait to see your doctor, and why don't doctors use technology more to let us know about how long those waiting times are?

Joining us on the line is a doctor himself, Dr Tony Bartone. He's the Australian Medical Association Vice President and he's a GP himself. Tony, I don't know if you have to go and see your own doctor but do you have to wait very long to see him or her?

**TONY BARTONE:** Good morning, and yes, whenever the shoe is on the other foot proverbially, you take the appropriate relaxation material along and you wait your turn. Now, you know that it's usually at the last appointment of the day and you know there's potentially the opportunity to have some sort of interplay, but of course we need to abide by the same expectations that we expect our patients to. So, you go along and you dutifully await your turn just like any of your other patients.

**SAMI SHAH:** Tony, are doctors aware of the frustration people have around this stereotype, do they know that people have this generally- general complaint about it?

**TONY BARTONE:** We don't start out trying to create as much mayhem and interruption to the patient's day. So our first interaction with the patient is a "good morning, how are you, apologies if I've been running late" if that's obviously the case for this appropriate appointment. So you acknowledge that right up front, and sometimes the discussion goes, you know, anything particular and because of the communication and the loyalty, you give the appropriate amount of information that's allowed to be shared to explain why you're running late today. And I think that's just common courtesy and most doctors would communicate or share that, and there wouldn't be a bland indifference and just, "yeah, next". I think those days are well and truly in the past.

**JACINTA PARSONS:** Yeah, I think one of the things that's coming out - there's been a survey that's revealed that quite a number of people, I guess, understand that time but would like to have technology to support those issues and get an SMS or something to let them know what time is best to come down.

**TONY BARTONE:** That's a very good point of discussion that we'll go into. Already, many practices are using SMS technology for the confirmation of appointments, so you'll get an SMS the night before saying you've got an appointment, yes or no. Now invariably the majority of patients do take up that opportunity and text back, but some don't even text back there, which then raises the possibility - do we have the right phone number because it may have changed since the last time since they were last in, so phone numbers need to be updated.

But technology is not cheap, and the labour required to run that - even as little as it is in the context of a consultation - is really, you know, when you look that there hasn't been a Medicare rebate rise for over five years now, essentially it's becoming increasingly more complex to offer more and more out of a frozen headline rate.

Now, it's part of the discussion to understand that also the size of the medical software market isn't all that great, so innovation takes time, and the cost of that innovation isn't as competitive as in other sectors of the economy. So all those things build together to make it a coming

technology, a coming innovation, but it comes at a cost and it will take a bit of time to implement fully across the practice framework.

**SAMI SHAH:** Because one of the things that people are seeing in the survey is that they want to know why they can't just do reservations or bookings online. Go to the doctor's website, do the booking there, set up the appointment there, and then when they walk in have the doctor get some of the data at least off the fitness apps that so many people now carry with them, especially younger people. So that kind of technology you're saying it cannot be implemented with current budgetary constraints?

**TONY BARTONE:** Well that's part of the problem - but in terms of the online appointments, that's routinely offered in a significant number of practices as we speak right now. But the problem with sharing data is the secure framework doesn't allow for that interchange of data at the current time. So firewalls and privacy concerns are really quite difficult and quite stringent. And that's where we run into problems when it comes to sharing data online, and so you need to understand that a message done by secure messaging pathway, it's going to be very problematic. Those solutions at this stage are really only essential between practices and other large health care providers, and in terms of for the general public it's still a decent way off.

**JACINTA PARSONS:** 1300 222 774, what's your experience with going to the doctor we'd love to hear this morning. Or you can text us on 0437 774 774. The survey also found that, as we were talking about, there are technologies that patients are actually not even aware of, so that there are systems in place that people aren't using.

**TONY BARTONE:** That's part of the education, the health literacy, the empowerment, the understanding of the whole market. Some of these innovations don't even make it to my desk before they've already hit the market. So there's often a very- there's a time lag just because of the size of the practice network, and the size of the number of doctors in our population, and it's still very much an industry that's in its infancy in terms of marketing and distribution and getting their message across.

So there there's a time lag. But you're right, every day we've got a new app, we've got a new device, a new technology that's looking at one piece of biorhythm or biomarker that's very essential, very useful, in terms of the management of the patient's condition.

**JACINTA PARSONS:** Thanks for joining us this morning. That's Dr Tony Bartone from the Australian Medical Association. He's the Vice President and he's also a doctor himself.

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