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Transcript: AMA President, Dr Tony Bartone, Doorstop, Melbourne, Sunday, 29 March 2020

Subject: Government response to COVID-19

TONY BARTONE: ... medical stakeholder groups to ensure what the announcement today about the provision of telehealth for the whole Australian community. This is an important announcement. It's about ensuring that the Australian community can have access to ongoing, complete medical care that doesn't require a face-to-face physical examination or consultation. This will ensure that usual care can continue during this very most challenging of times as we face the increasing risk from COVID-19 and the epidemic coming through our country.

It's an important announcement because what it does is three things. Not only does it allow the usual access to care, to continual care, especially for those patients with chronic and complex disease, that have chronic managements plans, that need that access, but all the other members of the community that, for one reason or another, are not able to access the general practice or the other consulting rooms during this time because they're in self-isolation, or because indeed they are in a vulnerable group and fear being exposed to the risk of contracting COVID-19.

We're all, as a community, doing our bit to try and minimise movement through the community, and this is another measure, another way, that the Government will support patients in continuing their access to that ongoing care they need.

But the third, most important reason for this is that it will significantly reduce the demands on personal protective equipment – PPE. We know PPE is in very much short supply. It's very scarce. And by allowing the ability to consult a number of patients in the comfort of their own room, in their own home, in their own isolation, will allow a significant reduction in the amount of PPE required by doctors, nurses, and all other frontline healthcare workers that will be taking part in telehealth.

The measures to date largely come down to three. We have an increase in the bulk billing incentive, not only just for telehealth but for all items, to ensure that there is that additional measure of support, to ensure that practices remain open. Because as we know, during times of pandemics, there are as many issues, if not more, with a lack of appropriate, ongoing usual care than the effects of the actual pandemic infection that's in question. So, we do need to maintain that. We do need to maintain the doors open to allow the access to patients who need to see their GP, who need to see their specialist, who need to see their psychiatrist, to access the ongoing care that they require in a face-to-face environment. And we give an undertaking, in working with the other medical groups, to ensure that our practices will continue to remain as open as they can be during these most difficult of times.

But of course, telehealth is about allowing the access from the comfort of your own room and not having to come down to the clinic, to the surgery, to the consultation rooms in question.

The other important measures announced today is a doubling of, also, the Practice Incentive Payment – the new PIP incentive – which will allow additional support for practices that employ tens of thousands of receptionists, nurses, and other ancillary staff to maintain their

doors open, to maintain the access to care that the patients so vitally and desperately need during the coming months.

The third one is about allowing the usual business practices to be able to be implemented. The Minister has indeed indicated that those on concessional cards and other vulnerable members of the community can indeed have guaranteed access to telehealth, and be understanding that they will be bulk billed. That is, there will be no out-of-pocket cost to them.

We will continue to work with the Minister, indeed the entire team, to ensure that these measures that have extended today, that include some of these other non-GP specialist items, will indeed extend right across the board to all members of the medical profession in terms of consultations that can be delivered without a face-to-face consult or physical examination.

There is a lot of work to be done, and indeed the Minister and all the team are to be congratulated for essentially condensing what would have taken years of consultation and advocacy and implementation into the short space of a few weeks. This has been core advocacy for the AMA, and indeed I and other members of my team have been working long hours with the Minister, with the Department, and all the other medical Colleges and industry associations to ensure that this most important initiative could see the light of day so quickly and so rapidly, as I say, to be implemented tomorrow, as the latest stage, March the 30th, with another stage hopefully not too far away.

This also feeds back into our release yesterday, where we did make significant measures to ensure that advocacy and consultation between private hospitals themselves and the various State and Territory Health Ministers would proceed as a matter of urgency to ensure that the valuable resource that is as much as one third of the nation's ICU beds, could remain open when facing a period of, indeed, complete uncertainty and coming to an idle phase after the cessation of elective surgery.

There is an urgent need for all parties in this group to collaborate and coordinate a measure which will hopefully see non-COVID urgent and semi-urgent cases being utilised into the private sector, and thereby freeing up our public hospitals, both the admission in elective beds and the ICU beds, to be available for any scaling up during the COVID-19 epidemic. As we know, the numbers will potentially grow in the weeks and months ahead.

It's an important reminder to the community that they need to do their bit. Every community member has an obligation to ensure that their mother, father, grandfather, grandmother, uncle or aunt, has indeed the best possibility of remaining COVID-19-free during the coming months.

Yes, we know that younger members of the population do suffer very, very mild symptoms, if indeed at all, but it's the importance that they could spread it to three other people, and those three other people can spread it to another three people. And so exponentially it goes. We need to respect and adhere to the messages of staying at home.

We all have our role to play, and together, we as a community can do what is required to limit the spread of COVID-19, to flatten that curve, and to indeed keep as much of the community as healthy as possible into the months ahead.

Thank you.

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