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Transcript: AMA Chair of the Ethics and Medico-Legal Committee, Dr Chris Moy, ABC News with Ros Childs, Wednesday, 30 January 2019

Subject: Productivity Commission Report on Government Services

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**ROS CHILDS:** A report has revealed there were almost three million avoidable presentations to emergency departments last financial year. The Productivity Commission found that people should have seen their GP instead. Dr Chris Moy is from the Australian Medical Association, and is also a GP. He joins us now from Adelaide.

Hi Chris. Can you give us some examples firstly of some of these avoidable presentations?

**CHRIS MOY:** You have situations, particularly in aged care for example, where the patient is actually very unwell with a urinary tract infection, and there may not be a situation where there is a GP available and so the patient will therefore, because of the infection, have to be transferred to hospital. That would be the sort of example.

And what I would say to you is: it is not the patient's fault. It's not the patient's fault if they're sick, they need medical care, but unfortunately it is the result of long-term, short-sighted funding where there's been distortion of funding, where the funding has really tended not to be going to general practice. Where, for example, a general practice visit for a patient is funded to the tune of about just under \$40, the same amount as you'd go for a men's haircut. Whereas the amount that- unfortunately the cost that the community bears when someone goes to hospital is about \$600 a visit before the ambulance callout.

So I mean it is a result of short-sighted long-term funding from both governments, I'm afraid, in terms of freezes and things to Medicare, so that we've ended up in a really distorted situation where we don't have a situation where we have prevention is the best cure, and we don't have support of the real front-line troops which is general practice. And we've ended up with this situation which is now being proven.

**ROS CHILDS:** But also, people don't generally think of going to their GP for- you mentioned one of those reasons there, it's out of hours; they couldn't perhaps get an appointment if it's during the day or sometimes they need to find a GP who bulk-bills.

**CHRIS MOY:** Okay, well let's put it this way: at that men's haircut sort of level, it is very difficult for firstly practices to fund the sort of resources that are available, say wound dressings and things like that, so equipment that's available. It is difficult for them to fund staying open after hours. And I think the other thing that is becoming very worrying, that's becoming of concern in recent times, is actually the reduced number of general practitioners wanting to train. So there's actually been a shortfall in the number of doctors wishing to go into general practice because they can see that this is a career which really is running on the smell of an oily rag.

And so where we end up is a situation where the distortion goes to higher level specialist care, emergency care, which is running at \$600 an emergency visit, versus really adequate funding at the front line. Most other countries which actually have had some enlightenment in funding

realise that it's better to work on general practice and put more resources there, because Australia is actually underfunded in primary care.

**ROS CHILD:** Just outside that emergency situation though, this report also found that Australians did spend more on GPs than previous years. So what's happening there? Is that because they're going more often, or because GPs are charging more?

**CHRIS MOY:** Well, it's the gap. Because really, if you look at the fee- if the Medicare fee had actually kept on going, the Medicare rebate is about \$37, I think had it actually gone up with inflation, it should be somewhere in the order of about \$77. So if you are trying to run a practice as a general practitioner, you're trying to offer the nursing staff and the wound dressings and the equipment and the facility, you are in a situation where you really do need to actually charge higher than the amount that is there.

So I have great sympathy for the practices trying to provide good quality care to be able to offer the services that patients need in those emergency situations. And I think, really silly health economics and health funding has occurred for a long period of time now, and it is time to start opening our eyes to the fact that we need to actually help general practitioners in providing the care that patients need, so they don't have to go to emergency departments.

**ROS CHILD:** Dr Chris Moy, thank you.

**CHRIS MOY:** Pleasure.

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