

17 December 2021

Mr Aaron Harper MP
Committee Secretary
Health and Environment Committee
Parliament House
George Street
BRISBANE QLD 4000

By email: hec@parliament.qld.gov.au



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Dear Mr Harper

Thank you for providing AMA Queensland with the opportunity to provide input on the *Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system*.

AMA Queensland is the state's peak medical body representing over 9,600 doctors across Queensland and throughout all levels of the health system. On reading the terms of reference for this inquiry, AMA Queensland will only be commenting on the primary care section of the inquiry.

i. Impact of COVID-19 on primary care

The COVID pandemic has seen a rise in medical presentations to primary care, particularly mental health. The provision of COVID vaccines, the continuing poor access to PPE and the increase in chronic disease in the community has resulted in primary care being overstretched. In terms of mental health care, patients are unable to source appointments with psychologists or psychiatrists for 6-12 months so GPs are caring for these patients as they have nowhere else to go. With Queensland having the lowest level of funding for mental health per head of capita, this situation is not going to change soon, despite AMA Queensland and RANZCP lobbying for urgent action.

Queensland hospitals are overstretched and rely on primary care more than ever to keep presentations to ED at a manageable level. However, General Practices have provided more than half of the COVID vaccines to the community, though the funding does not cover the cost of providing them. GP costs have increased by approximately 15% in the clinics of our members due to the increase in staff needed to answer phone calls from concerned patients and support the vaccination program, plus PPE, fit testing and cleaning costs. Medicare rebates (and the freeze) do not reflect the cost of providing General Practice services. These constraints put at risk the viability of private general practice and are likely to lead to more pressure on already overwhelmed hospitals.

Recent data ranked Australia's primary care as 3rd best in the world ¹, it outperforms most countries in the quality of medical provided but underperforms in the area of accessibility. If General Practices are forced to close due to lack of funding this will further affect accessibility and put the public health system under further stress.

Queensland is a large state so we call on GP's in rural and remote areas to be better resourced to provide medical services in isolation from regional areas.

ii. The impact of the MBS and bulk billing policies on primary care

The impact of current (and previous) bulk billing policies of the Commonwealth Government cannot be underestimated. The mandatory bulk billing of telehealth consultations in 2020 drove many General Practices to the wall. General Practices rely on out of pocket fees to cover the cost of providing the high quality evidence medical care to our communities. Current Medicare rebates fund 5 minute medicine and provide inadequate funding for chronic disease care or mental health care.

Patients know and expect everything to be bulk billed - the "bulk billing rates" discussed in the media are tainted by the fact that GPs had to mandatorily bulk bill telehealth consults in 2020 and continue to bulk bill COVID vaccines.

Many General Practices are not involved in the COVID vaccine program as funding is inadequate. Many more won't be involved in the vaccination of 5-11 year olds as they require more resources and the funding is inadequate.

AMA Queensland believes the MBS needs to be simplified and the rebates reviewed. The last MBS review undertaken between 2015 and 2020 did not adequately address the cost of providing the services. AMA Queensland calls on GP practice owners who understand the practicalities and costs of providing medical care to be included in all review panels. AMA Queensland is calling the for level of red tape and beurocracy involved in GP practices to be reduced so doctors can focus on providing medical care.

iii. The Commonwealth Distribution Priority Areas for doctors and medical training places at Queensland universities

The Commonwealth Government's definition of the Commonwealth Distribution Priority Areas for Doctors needs to be reviewed. This is especially important in Queensland as there is a shortage of GPs, in all areas, particularly in rural communities and the growth corridors of SEQ. While the availability of medical training places at Queensland universities, has improved in recent times, this has not translated to medical students becoming GPs. While AMA

¹ Source: Eric C. Schneider et al., *Mirror, Mirror 2021 — Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries* (Commonwealth Fund, Aug. 2021). <https://doi.org/10.26099/01DV-H208>

Queensland congratulates the Federal Government for the recent incentive program to attract doctor to rural communities, more needs to be done to address the workforce shortages.

AMA Queensland believes General Practice is the foundation of primary care in the community. Fund primary care appropriately and more patients will be healthier, have less hospital visits and enjoy continuity of care. Fund it appropriately and more junior doctors will want to join General Practice.

Thank you again for providing AMA Queensland with the opportunity to provide input on *Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland Public Health System.*

Yours sincerely



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President
AMA Queensland



Dr Brett Dale
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