



# **LEADER OF THE OPPOSITION**

**JOINT MEDIA RELEASE BY THE LEADER OF THE OPPOSITION  
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## **LABOR TO ESTABLISH MEDICARE TEAMS FOR HEALTH HOTSPOTS**

A Crean Labor Government will introduce special Medicare Teams for health hotspots around the nation. Health hotspots are those parts of Australia where bulkbilling rates are in free fall and people don't go to the doctor when they should or flood hospital emergency departments looking for treatment.

It is expected that, when fully implemented, up to 100 Medicare Teams will be in operation in health hotspots.

Each hotspot will have up to 4 Medicare Teams. An average Medicare Team will consist of two doctors and a practice nurse. This means a health hotspot will get enough additional assistance from Medicare Teams to provide an estimated 56,000 consultations per year at no cost to the patients.

Hospital emergency departments in health hotspots are under enormous strain because people who can't find a bulkbilling general practitioner turn up there in desperation looking for assistance. Even worse, people go without treatment entirely or only present at the hospital when their illness has progressed to a serious stage.

The main focus of Medicare Teams will be to take the pressure off hospital emergency departments so Medicare Teams will be co-located with hospitals. This is an important part of the health package that State Premiers unsuccessfully presented to the Prime Minister at COAG. Labor's Medicare Teams will both improve access to general practitioners and take some of the load off our State public hospitals.

While Tony Abbott, as the new Minister for Health, is looking at political fixes, Labor has today announced its second instalment on Labor's plan to save Medicare and to build Medicare for the 21<sup>st</sup> century.

## **Medicare for the 21<sup>st</sup> century**

John Howard is destroying Medicare. Labor built Medicare, one of the world's best health systems. Labor is committed to saving and rebuilding Medicare so that it can meet the challenges of the 21<sup>st</sup> century.

In May this year, Labor announced a plan to get doctors bulkbilling again. Under the Howard Government bulkbilling rates have slumped by almost 20 per cent and the amount patients need to pay to see a doctor has skyrocketed by 59 per cent.

A Crean Labor Government will get bulkbilling rates back up to 80 per cent by:

- Immediately lifting the Medicare patient rebate for all bulkbilled consultations to 95 per cent of the scheduled fee; and
- Subsequently lifting the Medicare patient rebate for all bulkbilled consultations to 100 per cent of the scheduled fee – an average increase of \$5.00 per consultation.

In addition, a Crean Labor Government will offer powerful financial incentives to doctors to not only keep treating their patients without additional cost, but to extend bulkbilling, especially in outer metropolitan and regional areas where the collapse in bulkbilling is hurting families most.

- Doctors in metropolitan areas will receive an additional \$7,500 each year for bulkbilling 80 per cent or more of their patients.
- Doctors in outer metropolitan areas and major regional centres will receive an additional \$15,000 each year for bulkbilling 75 per cent or more of their patients.
- Doctors in rural and regional areas will receive an additional \$22,500 each year for bulkbilling 70 per cent or more of their patients.

Labor's plan stands in stark contrast to the Howard Government's plan to destroy Medicare by creating a system which independent experts have found will cause bulkbilling rates to collapse to around 50 per cent and the amount patients have to pay to see a doctor to go up by 56 per cent.

The effect of the Howard Government plan is to end bulkbilling for those without a concession card and Tony Abbott is now backing away from bulkbilling even being available to concession card holders.

Labor's Medicare Teams are the second instalment of Labor's plan to save Medicare.

## Health Hotspots

Around the nation as Labor has campaigned to save Medicare, we have heard the local stories of crisis. In health hotspots around Australia, bulkbilling has collapsed, emergency departments of public hospitals are straining under the burden, the supply of general practitioners is insufficient, the population is growing and so is the proportion with high health needs.

The Howard Government has turned its back on these areas of crisis. It has driven bulkbilling rates down. It has created a shortage of general practitioners by restricting the numbers being trained and it has refused to acknowledge the consequent strain on public hospitals.

But the message from hospitals is loud and clear. In NSW it has been estimated that about 19 per cent of all emergency department presentations in public hospitals are for services that could be provided by general practitioners.

In rural areas where there are no bulkbilling doctors, emergency attendances are 60 per cent higher than towns where bulkbilling doctors operate. In Victoria, 25,000 patients each year seek hospital treatment for conditions that could have been dealt with by a general practitioner.

Each State in Australia has health hotspots, which have many of the following characteristics:

- Rapidly declining bulkbilling rates;
- An inadequate supply of general practitioners;
- Pressure on emergency departments of nearby hospitals;
- High levels of people with high health needs such as young families and older Australians;
- Lower than average income; and
- High rates of population growth.

The Central Coast of NSW is a health hotspot with:

- Bulkbilling collapsing by almost 30 per cent over three years;
- Higher than average population of older Australians;
- Higher than average population of young families; and
- Very high levels of population growth in general terms.

Labor will identify each of the health hotspots that need Medicare Teams to ensure people can access a general practitioner and emergency departments are not under strain.

### **Where will Medicare Teams be located?**

Wherever possible, Medicare Teams will be co-located with existing public hospitals and use existing premises and equipment. The great benefit of co-located facilities is that people are already going there for their health needs and these facilities will take the pressure off public hospitals. Medicare Teams could be co-located either in a hospital or nearby. The specific physical arrangements can be easily resolved depending on the health hotspot.

### **Who will be in a Medicare Team?**

Labor does not see a 'one size fits all' approach as necessarily being the right one for all Medicare Teams. The basic model for a Medicare Team will be two general practitioners plus a nurse or allied health professional, but depending on the circumstances of the individual health hotspot, the composition of its Medicare Teams might differ.

### **What will Medicare Teams do?**

The work undertaken by the Medicare Teams will be in addition to the work undertaken by the current local medical workforce. Medicare Teams will be provided where needs are so great and workforce supply so low that the current medical workforce is not coping and needs assistance. The specific duties of a local Medicare Team will be designed in consultation with the State Government and the local Division of General Practice, but in general they will:

- See patients without charge – just like bulkbilling;
- Run public health programs including nutrition education;
- Provide information and services to manage chronic illnesses like diabetes and asthma; and
- Seek to address problems that often go unrecognised like depression.

### **What will Medicare Teams cost?**

The medical professionals working on the Medicare Teams will work in accordance with a practice contract agreed with the local hospital and funded by a Crean Labor Government.

The costs of Medicare Teams will vary but an indicative cost of a team co-located with a public hospital would be \$600,000 for a team consisting of two doctors and a practice nurse. This would enable the doctors and nurse to be paid in excess of the specified award rates and ensure monies were available for on-costs. Against this cost there will be offsetting costs with other expenditure in the health system.

## **Where will the doctors and practice nurses come from?**

The doctors who will form part of the Medicare Teams will be doctors who are willing to work in areas of need in order to work on a practice contract arrangement. Evidence before the Senate Select Committee on Medicare showed that a number of young general practitioners have a preference for contract arrangements rather than having the small business burden of providing fee-for-service medicine.

The opportunity to be a member of a Medicare Team will increase workforce participation rates. Those general practitioners who are currently not practising or practising on a part time basis will be able to find a satisfactory work arrangement which is conducive to their family responsibilities and lifestyle.

However, even with relocation and increased workforce participation supporting Labor's Medicare Teams, the truth remains that Australia does not have enough general practitioners and particularly does not have enough in areas of need including outer urban, rural and regional locations.

To address longer term supply issues, Labor has committed to funding an additional 1404 bonded medical places by 2009 and an additional 150 general practitioner training places every year, beginning in 2004. Labor has also committed to funding an additional 3125 new (full-time and part-time) undergraduate nursing places and 500 additional new full-time HECS funded post-graduate nursing places by 2008. Labor will provide \$43.4 million extra funding for clinical training for undergraduate nurses. These commitments are part of Labor's Aim Higher \$2.34 billion funding package over four years for Australian tertiary education.

Labor will also relieve the financial burden on all students, including those studying medicine and nursing and restore achievement as the only criteria for access to university.

## **Conclusion**

A Crean Labor Government will systematically address the immediate crisis points in Medicare and Australia's health system. A Crean Labor Government will also ensure that we engage in the vitally needed long-term strategic national reform that is required to build Medicare and a health system for the 21<sup>st</sup> century.

Labor's first down payment on saving Medicare was our \$1.9 billion plan to get doctors bulkbilling again.

The announcement of the creation of Medicare Teams is the second instalment aimed at addressing health crisis points.

While the Howard Government lurches from political fix to political fix, between now and the next election, Labor will make a further series of major statements about ending the crisis in Medicare and Australia's health system.

Within a month of the election, a Crean Labor Government will establish a national health reform commission, which will drive a twelve month reform process to build Australia's 21<sup>st</sup> century Medicare and health system. Within three months of the election there will be a health summit, which will bring together all the major players in the health system to drive forward the reform of the health system.

One of the most important tasks for the national health reform commission and the health summit is the development of an integrated primary care strategy. The strategy will:

- Address the long-term sustainability of the primary care workforce in Australia;
- Examine the Medicare Benefits Schedule with a view to creating new item numbers for practice nurses;
- Review the Medicare Benefits Schedule particularly for general practitioner consultations; and
- Build better primary care structures to deal with the increasing burden of chronic illnesses, such as obesity and diabetes, mental health, disabilities and aged care issues.

Only Labor believes in genuine reform of Australia's health system to better address the needs of both patients and medical professionals. Only Labor believes in Medicare and building Medicare for the 21<sup>st</sup> century.

**GOSFORD**  
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