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Thank you for allowing me to clarify my hurried submission of 10/7/03 to the Senate Medicare Inquiry.

I have been a procedural Rural GP in Nambucca Valley for 33 years and find the Health system is falling down around us. None of the 'health events of the last 10 years has made any impact in the country. The number of privately insured hospital patients remains at zero. Proceedural GP's have suffered gross discrimination with GAP insurance being restricted to specialists.

Everytime a Federal initiative to encourage Rural GP services is announced, NSW Health responds by limiting Hospital access or reducing priviledge or services. The current game is 'lack of qualified nursing staff' in sufficient numbers for a perfect world.

Bulk billing is only offered to those known to be in need. 'Bulk Billing Rates' as recently reported in the press, are as meaningless as 'Surgical waiting lists' or 'times' in the state arena, in that they are incomplete, misconstrued and manipulated for expediency by vested interests. Being so irrelevant the only vested interest of note at present is the Federal Government. The real issue is the commitment of the Insurance commission involved to change their cover to 50% of the current real fees, or to ask the Federal Government to allow extra funding to meet their commitment to 85% cover. The reality fee happens to be supported by the Federal Governments own "Relative Value Study". Perhaps APRA should look at the HIC, and ACCC should look at predatory pricing of Medicare, which is the only factor the Government considers important, ie: the price control function of Bulk Billing.
Health Care cards enable beneficiaries access to significant pharmaceutical benefits, not medical.
DVA are losing their LMO's for not maintaing significant rebates.
Provide market value rebaes and those insured will be happy and 'bulk billing' rates will look after themselves.

What is needed in my opinion?

1. All PIP diverted to GP Rebates.
2. Scrap the crap about bulk billing.
3. Send payment cheques to doctor not the patient.
4. Honesty about 50% rebates or real rebates @ $42.50 for Item 23.
5. Scrap the crap about new time tiered rebates – 7 in one hour.
6. Make insurance claiming user friendly by one stop claiming.
   EG: a) Allow health fund to honour complete rebate then the fund to claim on Medicare.
   b) Allow such health fund claiming electronically from within the Doctors surgery EG: with a IBA system.

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6. c) Encourage funds to amalgamate, ensure appropriate corporate governance standards and allow no claim, consumer and fringe benefits, and catastrophe insurance, ie reduce government control of their insurance function.
7. Allow gap insurance for GP consults and GP surgical procedures.
8. 50/50 sharing of any savings from electronic claiming with GP rebate pool.
9. The most important is indexation of rebates to the Health Industry inflation figure, NOT CPI which is as irrelevant as bulk billing percentage.

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