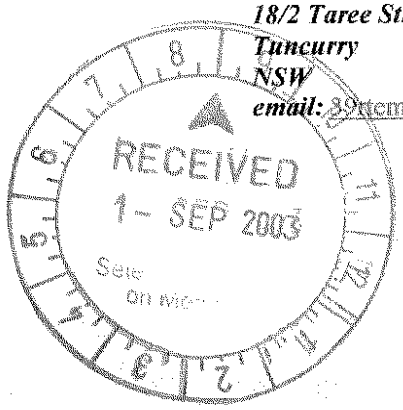
OK

18/2 Taree Street
Tuncurry
NSW *2428*
email: 39temple@ceinternet.com.au



Mr Elton Humphrey
C/- Senate Select Committee on Medicare
Parliament House
Canberra
ACT 2600

Dear Mr Humphrey,

SENATE SELECT COMMITTEE: MEDICARE

I was unaware of the Medicare Select Committee before I recently heard of it on ABC radio.

Scanning the Internet, I see that the closing date for receipt of submissions has passed.

Moreover, I noticed that most submissions were lodged by groups with a strong income interest in getting more Medicare money out of Government.

There are few submissions from us ordinary, individual Australians.

From my lowly perspective, there seem to be some simple adjustments that could be made to the Medicare / health delivery system to reduce costs, increase accessibility to medical care, increase accessibility to doctors (even throughout remote areas), reduce inconvenience to millions of ordinary citizens and reduce costs to employees.

The attached paper documents some problems with the system and adjustments that might be made.

As my letter is submitted late, a bureaucratic approach by the Committee's secretariat would be simply to disregard and bin it.

However, if you are looking for solutions, even if only to improve parts of the system, it would be worth your time to read and think about the possibilities suggested.

Yours sincerely

Ross Temple
28 August 2003

Doctors' Costs / Charges for Surgery Visits:
Political Will Could Reduce Costs and Improve Accessibility

The present GP consultation model generates unnecessary inconvenience and costs. Adjusting the system could deliver benefits to patients, the public purse, health insurers, employers and hospital emergency rooms and free doctors' time for higher value consultations and/or increased numbers of patients(thereby relieving doctor shortages).

Millions of Australians visit doctors regularly over extended, even lifetime, periods to be monitored and issued with repeat prescriptions for controlling medication (e.g. estimates indicate at least 3 million Australians suffer from diagnosed heart conditions). GPs' (and hospitals' emergency?) waiting rooms are clogged with these patients every day.

Monitoring "checks" associated with the issue of repeat prescriptions often are cursory.

30 years personal experience shows visits for hypertension medication involve about 2 minutes with a doctor (most of whom I had not seen before nor seen since) while he/she checks blood pressure, signs a computer generated prescription and sends me to a payments desk.

PRESENT SYSTEM IS WASTEFUL AND INCONVENIENT

The current model wastes time, skills and resources for the doctor, the patient, employers, the public purse and public hospital emergency wards. (Public hospital emergency rooms report increasing visits by people attempting to escape the cost of visiting GPs.)

To see a doctor we have to: -

- Make an appointment. If non-urgent, it can take **days or even more than a week to get in.** It is worse in rural areas - some doctors do not accept new patients.
- Travel to the surgery. Cost, time and effort are required to get there. **Time** is often **taken off work** with costs to employers - an hour each way plus about an hour in the waiting room/surgery. **3 hours work time can be lost by an employer for a worker's 2 minute consultation with a doctor!** In the bush travel / time costs can be greater.
- Wait. **Entry to a doctor is invariably late, too often half to one hour after the appointment time.** Doctors have little regard for others' convenience and time.

Some people like the system and are prepared to pay the cost. It should remain for them.

But, why must we all continue to suffer the associated inconvenience and cost?

FEATHER - BEDDING

Most people can be licensed to drive a car, boat or plane. Many people use computers and some can even program VCRs. However, the medical system assumes the personal competence of members of the Australian public to be the equivalent of uneducated mediaeval peasants. It assumes that patients could not possibly cope with the intricacies of something as complex as taking, recording and reporting their own blood pressure.

This is blatant and costly, **feather-bedding by the medical profession.**

Why can't desirous individuals self test (i.e. take their own blood pressure / other test for the status of other conditions) and **then email/post results** (standardised checklist) **to an authorised party who checks that the relevant health indicators are within acceptable norms and sends back a repeat prescription or medication?**

EXISTING GOVERNMENT RULES ARE CAUSING WASTE AND INCONVENIENCE

Getting repeat prescriptions is costly, time-wasting and inconvenient.

I have raised the matter with my hometown doctor, pointing out the wasteful inefficiency. I asked if he would agree to me monitoring my own blood pressure and accept a signed record in lieu of a personal visit whenever I needed a repeat prescription. He refused, responding that: -

> ***"Waste is part of the Australian way of life. Look at government waste" he said "we just have to put up with inefficiency".***

If this typifies doctors' approach to costs, then it is no wonder Australia's healthcare budget is being blown out of the water.

There is no access to bulk billing in the coastal town where I live. I was charged $45 for my last visit.

Once, when the delay after appointment time was particularly excessive, at my request through the receptionist, the doctor sent out a repeat prescription without a consultation. As payment for the service the receptionist swiped my Medicare card. It was the only time I have been bulk billed since the surgery adopted a "no bulk billing" policy.

The episode motivated me to try and find a better way and so when in Sydney, I visited a "bulk billing" doctor in a "no appointment - walk in" clinic at Chatswood. I proposed becoming an "Internet" patient of his for a bulk billing charge. **He explained that the present Government imposed system will not pay him unless he actually sees a patient physically.** He therefore refused my request.

The Chatswood doctor's refusal is instructive. It had nothing to do with medical care and everything to do with how existing Government regulations restrict his method of getting payment.

These regulations seem to weigh heavily on both the Chatswood and local doctors. The one experience at getting bulk billed by my local doctor required my physical presence at the front desk to sign the Medicare slip.

A change in Medicare regulations could eliminate this source of waste and inconvenience.

BETTER AND CHEAPER IS POSSIBLE

- **Government could: -**
  - **establish a list of medical conditions** amenable to personal monitoring and for which individuals could opt into a **Voluntary Personal Health Monitoring (VPHM)** program,
  - **establish contract networks and legislative changes** where necessary,
  - **establish systems** required (e.g. let contracts),
  - **establish a fee for service Certifying Network** (cf. employment service network),
  - **contract a network of Prescription Issuers** (who Bulk Bill at scaled fees for service),
  - **advertise** widely to let the public know the system is available.
- **Opting into a Voluntary Personal Health Monitoring (VPHM) program should require certification** by an authorized agent.

11 August 2003

Why certify? Because participants should be competent to monitor their own condition (e.g. dementia would be a problem for self-monitoring). Also, training would minimize waste that otherwise could be generated by people providing "garbage" data.

- The **Certifying Network** would train, sell necessary equipment (e.g. blood pressure gauges etc) to, and certify as accepted those qualified to be included in the program.
  Pathology shopfront type businesses and hospitals could easily offer such a service using existing infrastructure.
  A medical check of each applicant for the program should be carried out before accreditation is issued.
  The fee for certification should be set by Government (based on tenders received) and a decision made whether Government or individuals should pay. If individuals are to pay then **Health funds** and even some employers could benefit by offering a refund.
- **Standardised forms** for recording **Key Personal Health Indicators** should be provided by the system.
  Electronic (spreadsheets with graphs) and hardcopy mediums should be available.
  This system also would deliver better medical treatment by producing better ongoing patient records. For example a doctor checks a hypertension patient's blood pressure once every four months or so (variously morning, noon or night) whereas with self monitoring, the participants could gather more frequent data at more standardised times of the day and week. Moreover, individual's historic records are often scattered throughout many surgeries across Australia. Self monitoring would provide a transportable, continuing long term record that would permit doctors to make better informed judgements than at present.
  Participants could also be given the opportunity to allow/refuse their data being made available to approved medical researchers.
- **Government should tender to appoint VPHM Prescription Issuers** to whom an accredited participant in the Voluntary Personal Health Monitoring program could forward the designated, self collected, key personal health indicators.
  The Prescription Issuers (would a doctor need to be involved?) would **compare the health indicators with established benchmarks and either issue a required prescription or decline on the basis that data indicates the individual should visit a doctor** for further tests.
  Accredited Prescription Issuers should **accept data either electronically** (i.e. spreadsheet attached to an email) **or by hardcopy**.
  Prescriptions could be sent out electronically or hardcopy as requested.
- A **medication issuing pharmacist** should be associated with the Prescription Issuer.
  Why send out a prescription when the medication could be posted instead? This would be more convenient for most people, particularly those in remote locations. As part of a tendered process, this could even reduce medication dispensing costs.

SAVINGS

1) Doctors' Fees

For hypertension only, I have to see a doctor 3 - 4 times per year for repeat prescriptions.

How many million people, with hypertension or other conditions are like me? If only 1 million people across all medical conditions with similar repeat prescription requirements want to self test, then about **3 - 4 million visits to doctors could be eliminated every year**.

An "Internet / snail mail" consultation should attract a lower "bulk billing" fee than a personal consultation. If we assume $10 less, then the saving to Government would **be $30 - $40 million**

per year. Savings to the members of the public who pay a premium because they cannot access a "bulk billing doctor" would be even greater.

2) Hospital Emergency Services

I could not even guess at the $ value of savings to reductions in hospital emergency room visits, reduced numbers of doctors required, savings to employers because of reduced leave for doctors' appointments etc.

3) Cost to Individuals and Employers

I have spent the equivalent of about 9 full-time working weeks time to visit doctors to get repeat prescriptions over the last 30 years.

For every 1 million Australians having a similar regime the time wasted is therefore about 300,000 working weeks per annum.

Make your own assessment of the cost of this waste.

4) Medication Issuing Costs

A mail order (internet + snail mail) prescription issuing service established by tender by the Government could attract significant reductions in subsidies to pharmacists for issuing prescriptions and could be expected to wipe millions off pharmaceutical benefit costs.

The issuing service could become the pharmacy equivalent of Amazon. It would also offer an excellent service to those small remote communities that do not have a chemist in town.

5) Total Savings

Total savings would increase as a function of increased numbers of persons opting to use the Personal Health Monitoring system.

HOW TO MOVE FORWARD

To verify the merits of the idea , without starting the hares running within the medical lobby, you could quietly have prepared a table showing: -

- the "league ranking" of the 10 most common medical conditions in Australia that cause people to regularly visit GPs for repeat prescriptions over a period of years,
- the likely test(s), if any, a doctor would carry out for each condition in order to issue a repeat prescription.
  (Have a separate trusted source indicate which of the conditions might be amenable to **a Voluntary Personal Health Monitoring (VPHM)** approach.)
- the estimated total number of visits by all patients to doctors for each condition per annum.

An estimate of the present costs and likely savings could then be calculated.

Further progression could be through preparation of a report and recommendations by a designated authority, perhaps a committee chaired appropriately and including economic + medical profession + health insurance + consumer advocate representation. (Terms of Reference should require consideration of creating a new paramedical class to undertake some or all of the review of data provided by VPHM participants.)

11 August 2003

IN A NUTSHELL

1. The changes suggested would: -
   - **align health care with modern practices applied within other professions and the business community,**
   - **recognise current standards of education and skills in the general community, and**
   - **utilise modern communication capabilities.**
2. Internet banking increased convenience to customers and reduced costs.
   So internet/post could increase convenience for patients and reduce costs of issuing many millions of repeat prescriptions every year.
3. Paralegal conveyancers successfully replaced lawyers and greatly reduced the cost of real estate transfers.
   So a new paramedic "key health indicator" screening class could replace significant doctor time, reducing costs within the repeat prescription issuing industry.

The better system would: -

- provide for individuals who so wish, to take increased personal responsibility for their own health,
- let people voluntarily opt out of the "waiting room " culture for some services,
- provide delivery of a "repeat prescription service" quickly to anywhere in Australia (if developed correctly an adaptation of the service could be made available to people anywhere in the world becoming an export earner for Australia),
- let doctors voluntarily opt to be in or out of the service,
- apply competitive pressures to doctors' charges, even in one-doctor towns,
- free doctors from many mindless consultations (e.g. taking blood pressure and having a computer generate a pro forma prescription) thereby freeing their time for more, higher value consultations. Moreover, with fewer surgery visits from existing patients demanding their time, doctors would have the option of reopening closed lists to take on new patients - this could help to relieve doctor shortages,
- reduce numbers of visits by patients to doctors surgeries, thereby providing opportunities for GPs to reduce cost overheads,
- attract repeat prescription seekers away from hospital emergency rooms,
- constrain costs, increase bulk billing and reduce pressure on health funds and the public purse,
- reduce costs for patients (particularly larger families who now cannot access bulk billing),
- reduce time lost by, and costs to, employers, and be more convenient for many patients.