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AMA Response to Questions on Notice: Senate Select Committee on COVID-19, 25 June 2020

AMA President, Dr Tony Bartone, provided expert testimony to the Senate Select Committee on COVID-19 on 25 June. There were two questions taken on notice which the AMA has provided answers to below.

Question from Senator Di Natale

"Among the changes that have occurred through this pandemic has been the implementation of telehealth item numbers, and I'm interested as to whether you would support the rollout of those. I'm also interested in the role of general practice in this and some commentary about general practice and the primary health care sector being underutilised. Perhaps you might want to just reflect on that, and anything else you might be able to provide on notice would be helpful."

AMA Response

The AMA believes that the decision to largely manage COVID-19 in primary care has been one of the key reasons why Australia has done so well in comparison to other countries. However, there is considerable scope to improve how Australia responds to pandemics in the future and make the best possible use of general practice. General practitioners (GPs) must be more involved in pandemic and disaster planning arrangements to avoid many of the problems observed in the early phase of the pandemic.

Coalface GPs have complained about the lack of recognition at the local level by state/territory public health units, communication to GPs was poor, personal protective equipment (PPE) was severely lacking and messaging was inconsistent across jurisdictions. We also know that patients were reluctant to visit their GP, particularly for routine care.

General practice has subsequently proven its worth in a front-line pandemic response and has clearly made the case for greater support and engagement.

In relation to MBS funded telehealth, around 20 per cent of all Medicare funded consultations with a doctor are now being provided by telehealth, either over the phone or via video, since temporary Medicare telehealth items were introduced in March.

The AMA has said for many years that telehealth should become a feature of our health system, complementing face to face care.

COVID-19 has proven that telehealth works in the Australian context and the AMA believes that it must become a permanent feature of our health system for both GPs and non-GP specialists. We must now turn to the task of fully integrating telehealth into day-to-day medical practice while ensuring continuity of care for patients and that we follow best practice standards.

While most GP telehealth consultations to date have been in circumstances where a patient has an existing relationship with a GP, we have seen the increasing emergence of pop up telehealth models and/or models that are linked to pharmacies.

These arrangements fragment care and blur the important distinction between the prescribing and dispensing of medicines.

For telehealth in general practice, we need to build on what is key to our very successful primary care system – the relationship between a usual GP and a patient. This means that GP telehealth consultations need to be restricted to a patient's usual GP or general practice.

Question from Senator Siewert

"Are there further changes that need to be made to the Aged Care Quality and Safety Commission to address the shortcomings that have been highlighted during the pandemic?"

AMA Response

In the AMA view, further strengthening and broadening of the Aged Care Quality and Safety Commission (the Commission) role and remit is required, and COVID-19 has highlighted this need.

The AMA has been arguing for years that a broader reform of the aged care system is required, one that will ensure that older people, who are entering aged care older, frailer and with multiple comorbidities, receive the care, in particular clinical care, they require.

The AMA was a strong supporter of the establishment of the Aged Care Quality and Safety Commission, calling for the appointment of an Aged Care Commissioner and for the establishment of the Chief Clinical Advisor position within the Commission.[1,2] The AMA Resourcing Aged Care Position Statement 2018 outlines the role that the Commission should have in governing the aged care sector.[3]

In the AMA view, the aged care sector needed an overarching body that would provide a clear, well-communicated governance hierarchy to provide a single point of contact and source of information for both aged care providers and consumers, clearly defining roles and responsibilities within the aged care sector. The AMA envisioned a Chief Clinical Advisor within the Commission to be the bridge of communication between aged care and doctors working in aged care.

Realising that many of the cases of abuse and neglect in aged care were due to inadequate clinical care, the AMA called for the Commission to have a particular focus on clinical care. In the AMA view, to properly address the issues of clinical care in aged care, the new Commission and its Chief Clinical Advisor needed to incorporate functions that would enable them to improve clinical care and clinical governance in aged care settings, improve collaboration between the different levels of the health and aged care systems and address the issue of education and training to improve the capability of aged care workers.

In order to achieve all this, the Commission needs to be properly resourced and supported by regulation. For example, the Final Report of the Senate Community Affairs References Committee looking into the

[1] Australian Medical Association (2017), AMA Submission to the review of national aged care quality regulatory processes https://ama.com.au/system/tdf/documents/AMA%20Submission%20-%20Review%20of%20national%20aged%20care%20quality%20regulatory%20processes%20-%20FINAL%20-%20for%20web.pdf?file=1&type=node&id=46874

[2] Australian Medical Association (2018), AMA submission to the Senate Community Affairs Legislation Committee inquiry into the Aged Care Quality and Safety Commission Bill 2018 and related Bill https://ama.com.au/system/tdf/documents/AMA%20submission%20to%20the%20inquiry%20into%20the%20Aged%20Care%20Quality%20and%20Safety%20Commission%20Bill%202018%20and%20related%20Bill.pdf?file=1&type=node&id=49448

[3] Australian Medical Association, Resourcing Aged Care Position Statement 2018, https://ama.com.au/system/tdf/documents/AMA%20Position%20Statement%20on%20Resourcing%20Aged%20Care%202018.pdf?file=1&type=node&id=48293

Effectiveness of the Aged Care Quality Assessment and accreditation framework for protecting residents from abuse and poor practices published in April 2019 found that "accreditation auditors do not necessarily have a background in clinical care and may not be best placed to audit clinical care standards". It also reinforced the AMA longstanding view that the "clinical governance within the aged care sector is significantly less developed than in the health care sector".[4]

Therefore, the AMA would like to see action from the Commission on these issues in the future:

- More specific Aged Care Quality Standards, including a Medical Access Standard that helps to facilitate access to doctor services and other high-quality clinical care;
- Increase the number of accreditation auditors who have experience in clinical care;
- Accreditation audits to focus more on quality care than documentation compliance – the accreditation process should ensure that quality of care is considered a more essential indicator of quality than the existence of paperwork;
- Work with aged care providers to improve their understanding of clinical care and practical implementation of clinical governance;
- Ensure that infection control is understood and implemented properly by aged care providers and their staff;
- Ensure that providers implement infection control training frequently for all their staff – for example, any new staff member starting their work in a particular residential aged care facility (RACF) should be trained in infection control and regular refreshers of that training should be provided;
- Better manage and sanction the behaviour of residential aged care providers who refuse to comply with the Government's direction around visitation restrictions to RACFs in a pandemic, as opposed to resorting to a negotiated solution between the provider peaks and the consumer representative organisations in the form of an Industry Code – this way the Commission will ensure that rights of consumers defined by the Charter of Aged Care Rights are respected; and
- Ensure that the sector employs a sufficient number of trained staff, in particular registered nurses; that way there would be no need to resort external private companies to surge the workforce in aged care during a pandemic.

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[4] Senate Community Affairs References Committee, Effectiveness of the Aged Care Quality Assessment and accreditation framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practised, Final Report, 2019, p3. https://parlinfo.aph.gov.au/parlInfo/download/committees/reportsen/024266/toc_pdf/EffectivenessoftheAgedCareQualityAssessmentandaccreditationframeworkforprotectingresidentsfromabuseandpoorpractices,andensuringproperclinicalandmedicalcarestandardsaremaintainedandpractised.pdf;fileType=application%2Fpdf