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Ms Lucy Manderson
Committee Secretary
Economics and Governance Committee
Via email: egc@parliament.qld.gov.au

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Dear Ms Manderson

Thank you for providing AMA Queensland the opportunity to provide feedback on the Queensland Government's economic response to COVID-19. AMA Queensland is the state's peak medical advocacy group, representing over 9600 medical practitioners across Queensland and throughout all levels of the health system. AMA Queensland members have been significantly impacted by the COVID-19 pandemic, and the following submission reflects the views of AMA Queensland members.

Since the beginning of the COVID-19 pandemic, a core focus of AMA Queensland and the Federal Secretariat has been to support general practice as the frontline of the response. While the Queensland Government's response to COVID-19 was commendable, AMA Queensland have identified a number of areas where concerted action is still needed.

1. Telehealth/Telephone

The AMA played a significant role in brokering the breakthrough agreement with the Federal Government for expanded telehealth access to general practitioners and other medical specialists that allowed for continuation of normal patient care and reduced the need for scarce PPE.

The \$669 million agreement for new telehealth arrangements allowed even more patients in Queensland to have consultations with general practitioners and some other medical specialists without leaving home. AMA Queensland welcomed this announcement, which ensures that telehealth is widely available so that patients can access care without the risk of exposure to or spread of the coronavirus.

Telehealth arrangements support patient consultations that do not require a physical examination. In the context of a pandemic and physical isolation measures, telehealth encourages and supports patients maintain their home isolation. Importantly, it meant that doctors can conduct telehealth consultations from their practices or while they themselves may be in home isolation. Telehealth measures reduced public hospital presentations that could have occurred without this initiative.

Critically, the telehealth announcement also reduced avoidable use of PPE. Prior to the telehealth agreement, doctors required PPE for any patient with symptoms suggesting potential COVID-19. Telehealth consultations require no PPE. It cut down use of PPE, freeing the scarce supply for use elsewhere in the health system.

While the Government adopted a staged approach to the introduction of telehealth, it was obvious from very early on that patients needed to be given broad access to telehealth services.

Overall, patients are overwhelmingly embracing telehealth as an important part of their health care management, making a strong case for the Government to make the COVID-19 telehealth reforms a permanent feature of our health system. This includes how to integrate telehealth into day to day general practice and other relevant medical specialties.

2. Mental Health

AMA Queensland recognises that mental health policy and responses during COVID-19 is a very complex and fraught, given that Australia (and the world) were experiencing a phenomenon unknown in modern times. All governments endeavoured to respond accordingly, however the AMA believes that the National Mental Health Commission could have acted sooner and more assertively in leading the national response.

The AMA and other key stakeholders were not contacted for input into the national Plan by that the Commission until the first week of May. This work should have been undertaken much earlier, as millions of people had already been living under isolation and physical distancing for many weeks. This also meant that the AMA had a short timeframe to input into a Plan of such national significance. As such, the AMA has some concerns about the *National Mental Health and Wellbeing Pandemic Response Plan*, while supporting the general goals of the Plan.

The AMA's submission noted the need for specific measures that would renew and expand the focus on the mental health of the population to address the needs of Australian citizens and residents as they emerge from the health and social effects of the pandemic. The AMA has publicly stated that the unprecedented nature of the pandemic, and the control measures enacted at the State and Federal level, will affect people in different ways; ranging from general stress, worry and concern to more serious mental health issues requiring clinical pathways to appropriate treatment.

The AMA notes that there are certain groups in the community who may be suffering more acute mental health issues. These include:

- people with pre-existing mental illnesses;
- those encountering higher levels of stress and uncertainty (including the recently unemployed or under-employed, and those with less stable or secure housing);
- frontline and essential workers, including health workers;
- the vulnerable and socially isolated, including those with severe mental illness;
- the elderly, both in the community and in aged care facilities; and
- children and young people, who are disproportionately experiencing the massive extra burden that the economic collapse is placing on them.

The AMA supports the initiative to gather information cooperatively and prospectively on the mental health impacts of the COVID-19 pandemic and public health measures, however, increased mental healthcare demand is already evident, and immediate action needs to be taken. The evidence for people drinking more during the COVID-19 pandemic would not have helped this situation, because we know the evidence between poor mental health and alcohol and other drugs and the risk of developing a mental health condition is clear.¹ According to

¹ 2019 National Drug Strategy Household Survey (NDSHS)

the 2019 National Drug Strategy Household Survey (NDSHS), people who exceeded the single occasion risk guidelines for alcohol consumption at least weekly were more likely to have high or very high levels of psychological distress (16%) than people drinking at low-risk levels for a single occasion (9.3%).

There has not been an effective population mental health approach despite over two months of COVID-19 pandemic public health measures. In particular:

- There has been little to no response to address mental health issues in the community.
- There has been no specific planning to identify and respond to likely demand for mental health services.
- Existing structural problems in governance of public mental health services (federal-state divides) have not been addressed and impede coordination of services.
- Outreach resources as the Mental Health Commission proposes are insufficient to meet existing needs

AMA Queensland strongly believes that there is a greater role for general practice in supporting Australia's mental health. Many health professionals, including GPs, psychiatrists, and emergency physicians, are seeing significant growth in the number of patients seeking treatment and support for their mental health.

General practitioners are best placed to manage the increased demands for mental and related physical health care. It is the GP who can assess and assist in the referral pathways to other clinical care, and also help patients manage other health issues that have arisen during this unique period.

Private health practitioners in psychiatry, psychology and allied health have been actively providing care for patients with existing and new mental illness during the COVID-19 pandemic, rapidly shifting to flexible modes of care such as telehealth, and private psychiatric hospitals have been providing ongoing comprehensive mental healthcare during the response.

As social distancing measures and travel restrictions are likely to continue, the ongoing extension of the COVID-19 telehealth provisions to metropolitan areas is necessary to provide more accessible, high-quality mental health care across private and public sectors.

With an increasing number of Queenslanders requiring support for poor mental health and wellbeing during COVID-19, particularly in rural and remote communities, AMA Queensland is calling for significant expansion throughout the State of support services across the whole continuum of care, including better coordination of clinical care for people with severe, chronic and complex needs.

AMA Queensland strongly supports an increase in access to tele-health and online support for medical practitioners to address social, geographical and cultural barriers which impede access to mental health services for vulnerable Queenslanders.

AMA Queensland has recognised the significant investment that the Queensland Government has made in the establishment of Rural Generalist training and incorporating an advanced skill in mental health training. There is already evidence that this is a valued investment for rural and remote communities. AMA Queensland is calling for these doctors to have funded upskilling opportunities in mental health as well as addiction medicine in major centres around Queensland. In addition, mental health and addiction medicine training needs to be a focus of professional development activities and in-hospital teaching for all junior doctors in major hospitals.

This would enhance the mental health capability in regional communities, allow GP's to access mental health treatment plan MBS item numbers, and this will provide GPs to provide their patients with more comprehensive treatment options by accessing Medicare rebate able services from psychologists and social workers.

AMA Queensland also believes that the mental health of PGY 2-5 doctors was overlooked in the economic response into COVID-19. AMA Queensland has previously called on the Queensland Government to expand the Wellbeing at Work program to PGY 2-5 doctors. AMA Queensland believes that this pandemic has highlighted the importance of ensuring that PGY 2-5 doctors' mental health is well looked after. For the majority, if not all, of young doctors, this is the first pandemic they have had to deal with and they were on the frontline of this. While AMA Queensland acknowledges that the Queensland Government has provided significant investment into the Resilience on the Run program in 2017-2018, AMA Queensland now believes that this pandemic has provided the Queensland Government with encouragement to look after the mental health of some of our most vulnerable doctors on the frontline.

3. Future pandemics

AMA Queensland supports the actions of the Queensland Government during the current pandemic including closing the border, mandatory shut-down of businesses, and working with the Commonwealth Government to access PPE (masks, gowns, screens) to reduce the risk of infection at the community level.

In the event of future pandemics AMA Queensland would recommend the following actions to support the work of doctors in Queensland:

- Consistent, succinct and timely communication across all media from a single trusted source should be provided.
- Increased involvement of AMA Queensland and colleges in the decisions regarding the cancellation of elective surgeries, changes to billing practices and any decision that affects patients access to clinics, with sufficient time for doctors to apply the changes.
- Increased involvement of AMA Queensland members in disaster/pandemic planning including local community health needs.
- Maintain all Telehealth/Telephone item numbers (including those for mental health).
- An increase in the Practice Incentive Payment (PiP) to subsidise the cost of PPE that Doctors have incurred by continuing to see patients face to face.
- Increased use of telehealth including case conferences between hospital staff and the GP prior to the imminent discharge of patients with complex conditions (which is MBS compensable) supported by electronic hospital discharge summaries /Electronic hand over directly to GP to enable continued comprehensive care.
- GP Clinics should be given similar priority to hospitals when it comes to the distribution of flu vaccines, PPE and hand sanitiser as they are on the front line of care – our members were concerned that during the current pandemic the Queensland Government emailed them to inform them to contact the PHN's to access PPE only to be informed they were unable to supply it.
- During the current pandemic doctors in training were directed to work in areas of the hospital to better accommodate for unforeseen circumstances and as a result, the patient workload decreased which meant a reduction in on-the-job opportunities. AMA Queensland strongly advocates for adequate resourcing during pandemics and for Queensland Health to support registrars after hours than the current approach which perpetuated shortages or deficits amongst DITs.
- Support the senior active doctor registration category so senior doctors can contribute their expertise in a wide range of areas including:

- i. Vaccination and health monitoring of Queenslanders (e.g., flu vaccination, diabetes management);
- ii. Screening and interviewing patients as part of health plans;
- iii. Counsel/mentor junior and senior doctors;
- iv. Teaching of medical students and teaching and supervision of junior MOs;
- v. Discharge management;
- vi. Assisting with managing quality of care programs; and
- Managing research.

Thank you again for providing AMA Queensland with the opportunity to provide feedback on this issue. If you require further information or assistance in this matter, please contact Mr Jeff Allen, AMA Queensland Policy Manager on 3872 2262.

Yours sincerely



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Jane Schmitt
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