Special Commission of Inquiry into Healthcare Funding

Witness Outline

Name: Dr Mary Elizabeth MacIsaac

Professional address: Coomealla Health Aboriginal Corporation

Occupation: General Practitioner

1. This is an outline of evidence that is anticipated that the witness will give to the Special Commission of Inquiry into Healthcare Funding.

A. My role

1. I am currently a salaried General Practitioner (GP) at Coomealla Health Aboriginal Corporation (***CHAC***) in Dareton, in South Western New South Wales. I also have a Staff Specialist appointment as Director of Medical Education at Mildura Base Public Hospital in Victoria. I am the Far West Representative for the Royal Australian College of General Practitioners. I am also the Chair of the Far West Clinical Council of the Western NSW Primary Health Network.
2. From 2020 to 2023, I was the Senior Medical Officer in Primary Care for the Rural Flying Doctor Service (RFDS) for the South East Section. I was based in Broken Hill during that time.
3. Prior to moving to Broken Hill in 2020, I worked as a GP in South East Sydney for 10 years
4. In 2010, I emigrated from Canada. As I was an international medical graduate (IMG), when I arrived in Australia I was subject to the 10-year moratorium on Medicare provider numbers. Due to the effect of the moratorium, I did not want to leave metropolitan Sydney until I had worked for 10 years in Sydney. I knew that if I left Sydney, I would need to relinquish my provider number and could not return until the moratorium finished. If a rural move didn't work out, I wouldn't be able to move back to a metropolitan location. I waited until I was no longer moratorium bound, and could work anywhere, before I moved to a rural location.
5. I currently work two days per week at CHAC. There are also two GP registrars at the service: one working five days per week and one working four days per week.

MM

Special Commission of Inquiry into Healthcare Funding

6. CHAC also provides allied health services, including podiatrist, diabetes educator, dietitian, nurses and Aboriginal health workers.
7. All of the disciplines at CHAC work together as a multidisciplinary team. This ensures care is delivered in a co-ordinated and integrated way.

B. Challenges delivering primary care in rural, regional and remote areas

8. The work I have done in general practice in Broken Hill and Dareton is challenging work. My patients are complex and many experience social and economic disadvantages, including experiencing periods of incarceration, illiteracy, low health literacy, domestic violence, drug and alcohol problems, and complex chronic conditions. As a GP, my role is to help my patients navigate the health system and the social and economic issues that may be adversely impacting them. Whilst working in Broken Hill, I would regularly book specialist appointments and arrange transport for my patients so they could receive the care they needed.
9. In my experience, General Practice often plugs gaps in the health system where patients do not fit within the scope of non-GP specialist care. For example, if a patient has a referral that is rejected by a psychiatrist, I continue to treat them as their GP. Many patients have multimorbidity – their health is affected by multiple conditions. Their health conditions do not neatly fit within the scope of any one non-GP specialist. As a GP I manage the multiple conditions concurrently while keeping the patient's health goals at the forefront of their care.
10. An important aspect of primary care is continuity of care. If a patient attends an Urgent Care Clinic, it can sometimes take me time to piece together what their presenting issue was and what treatment was required. The handover of clinical care back to me as their GP from such clinics does not always provide me with a clear picture of what occurred.

MM

11. Similarly, if a patient attends hospital, and in particularthe ED virtual service in Broken Hill, I may not receive the discharge summary immediately. Sometimes, I am told to check the patient's MyHealth Record to access the discharge summary, rather than having it sent to me.

12. Accessing MyHealth Record without express patient consent is a privacy issue and due to limited telephone services in Dareton, I need the patient sitting with me in my consult room to obtain that consent. On a number of occasions when I have tried to access a discharge summary in MyHealth Record, there was no discharge summary there.

B. **Medicare and billing challenges**

13. A challenge faced for general practice in rural, regional and remote areas is the viability of running a practice. Many patients in rural, regional and remote areas require bulk billing so that they can afford to see a doctor. At the same time, the Medicare rebates are not sufficient to sustain a successful general practice. The recent increase to Medicare rebates has assisted some practices to remain open.

14. There is a discrepancy between the time I spend with my patients and the money that is recouped through Medicare billing. I Generally, the more complex a patient is and the more time spent with that patient, the less I can bill Medicare per unit of time. Medicare rebates are highest in between minute 6 and 7 of the patient consultation and do not factor in a patient's complexity. Many of my patients in Broken Hill and Dareton are complex, and it can take multiple long consultations of around an hour to navigate a patient's multiple and complex health issues.

15. My position at CHAC is a salaried role. CHAC is partly funded through Medicare rebates, as well as other sources of funding. The Medicare billings do not cover my salary.

C. **Workforce challenges in rural, regional and remote NSW**

MM

Special Commission of Inquiry into Healthcare Funding

16. General Practice has significant workforce issues, particularly in rural, regional and remote NSW.

17. Whilst I was always attracted to working in a rural setting, and had worked in rural communities in Canada, there was no incentive to encourage me to move and practice in Broken Hill. My move to Broken Hill happened because my husband found employment there.

18. It is difficult to get pre-vocational medical students to consider general practice. The Victorian Government recently introduced a General Practitioner's grant program (a maximum of $40,000 perregistrar) to attract prevocational doctorsto general practice. Through my Staff Specialist position at Mildura Public Hospital, I am personally aware of at least one prevocational doctor who has joined the program because of this initiative.

19. Mildura Public Hospital currently has a few prevocational doctors that will soon become GP Registrars. Due to the defined state border, I do not think many of those students will move across the border and practice in NSW when they are qualified because of the grant program mentioned above for Victorian registrars. Without any similar incentives in NSW, I do not expect that primary health care services in South-West NSW will get better.

D. Border issues

20. It is difficult to refer my patients to the specialist care they need if those services are not available to them locally. Presently, I am able to refer my patients in Dareton across the border to specialists in Mildura for cardiology, paediatrics, geriatrics, obstetrics, oncology and nephrology. However, I am not able to refer patients to psychiatry services in Mildura. If a patient requires psychiatry services, I have to refer them to Broken Hill. My recent experience with a schizophrenic patient is that it took around 5 months for Broken Hill psychiatric services (via Buronga Health One) to contact the patient to arrange an appointment.

MM

Special Commission of Inquiry into Healthcare Funding

21. Telephone and Internet access issues affect many of my patients' ability to access Telehealth services, particularly for psychology and mental health services in which the patient would usually access the service from home. Mobile reception in Dareton is extremely poor. For example, if I need to make or receive a call to my mobile phone I need to walk outside of the clinic.

Name: Mary Elizabeth MacIsaac

Date: 12/05/2024