GP LINK Lunches | Dr Walid Jammal

Dr Kenneth McCroary, Chair of Sydney South West GP Link, hosts a series of meetings with clinical/ political/regional individuals or organisations to discuss issues and solutions for GPs working in South Western Sydney.

Dr Walid Jammal

Dr Ken McCroary

Ken McCroary – Welcome to another edition of GP Link Lunches. Today I am joined by Dr Walid Jammal, a GP from the Hills Family General Practice, and welcome once again and if you are not yet a member of SSWGP.link please log in to our website.

Throughout GP Link's ongoing advocacy for local GPs and their practices in South Western Sydney, I have been fortunate enough to spend quite a significant amount of time on various committees and working groups and community of practices working with some really special and dedicated General Practitioners, principally involved with general practice and our dealings with the COVID-19 pandemic, but also some underlying long term issues such as general practice funding and reforms. I have been amazed by the dedication and commitment of a number of GPs during this time including the unswerving role attempting to reform and improve primary care across the board. One such General Practitioner is Walid Jammal.

Dr Walid Jammal is a GP in Western Sydney. His interests include paediatrics, men's health, ethics and health law. He has a strong commitment to quality and safety in healthcare as well as health system policy and reform. He has been involved with testing and developing integrated care models for many years, both with NSW Health and the Commonwealth. He is Co-Chair of the GP Advisory group for the Agency for Clinical Innovation, Co-Chair of the Commonwealth's primary care reform steering group, member of the Medicare Services Advisory Committee, Board member of the Western Sydney Local Health District, and a board member of Wentworth the Western Sydney Primary Health Network. He has a keen interest in health economics and integrated models of care including the patient-centred medical home frameworks. Walid is also a Clinical Lecturer at the University of Sydney and Conjoint Senior Lecturer at the School of Medicine Western Sydney University.

I thought this would be a great opportunity to talk with Walid about his commitment to reforming General Practice in Australia and particularly the way we are funded, and about his thoughts on fee for service and blended payments as I found him quite passionate about this issue.

Ken McCroary - Hi Wally how about you give us a bit of an idea of your experience with this pandemic during the past two years and the effect it has had on GPs and practices in your experience.

Walid Jammal - Thanks Ken, my experience I suppose is very similar to the vast majority of GPs and that is complete and utter disfunctionality and an overhaul of what we define as normal. We have all had to learn how to reshape our service delivery we have had to learn how to screen patients, we have had to learn to do PPE, we have had to learn how to deliver as much care as possible virtually, and yet somehow remain connected to our patients and remain safe and effective in maintaining the quality of care that we provide.

Clearly also we have had to learn how to find a balance between what the patients worry about and what the community worries about and reassuring as much as possible. Primarily we've had to learn how to keep up-to-date. If there is one thing we have learned in the last couple of years, it is that information is constantly changing by the day and so we have had to establish systems in our practice to somehow keep in touch with all the public health and community announcements and what it means for us and what it means for our patients. That has been disruptive and sometimes very difficult as I am sure everyone agrees.

Ken McCroary – So how have you dealt with that in your practice itself in the Hills Family Practice?

Walid Jammal - Well in our practice we had to establish things like morning huddles with our receptionists to make the plan of the day and talk about what is new. We had to have someone listen in, the Practice Manager listen in, to the 11am news conferences because we had to be on top of what was happening in the news, sending out a summary to everyone with clinical and guideline changes, and I have taken that role myself, educating our staff continuously almost, with what's new and what has changed. And then we also had to have regular staff clinical meetings, regular updates for our staff, and regular meetings with all levels of our staff including our reception our nurses of how they think things can be done better, more safely, to try and make sure everybody is onboard with the changes and are aware and happy to speak up if they aren't working.

Ken McCroary - So inclusive which is really good to see with the family home at the practice isn't it?

Walid Jammal - That's right Absolutely.

Ken McCroary - Now our paths have crossed quite a bit lately via the communities of practice and the primary care committees with COVID and plans and everything, how have you dealt with all this extra work and time, and not just that, but the way GPs are being represented, or not being represented, valued and then de-valued all in the same sentence in the same week, if you know what I mean?

Walid Jammal - Yes, look I think for me personally being involved or learning how to inclusively speak up on things has been a passion of mine for many years. I have been involved with all sorts of committees over the years and still am both at Commonwealth and State level and local as well. I mean I am on the board at the PHN and now on the board of the Local Health District. So the way I see it is actually I always come in with an open mind.

My view is that we are all actually trying to achieve the same thing but have different perspectives on it. Clearly as a GP and practising, I can bring a very important perspective and that is one from the frontline, and one from on the ground. But the condition through our policy at the practice is always difficult no matter what the properties of the issue is, and if I can make any difference I feel I can somehow bring all levels of perspective together and I can bring economic links I can bring government links, I can bring GP links, I can bring in patient links to try and actually show that we actually are trying to achieve the same thing. But we have to transition from any policy to practice as smooth as possible that is always going to have its ups and downs.

Ken McCroary - Have you experienced a smoothness in these transitional endeavours over the last 24 months through the pandemic, or are things still similar in your experience?

Walid Jammal - I think the pandemic has been difficult, obviously I mean it has been a learning experience. Tragically I really do believe everyone, including the government, are actually working very hard but it doesn't always work out. We can all look back with a bit of hindsight and say absolutely things could have been done differently.

I do think though that the level of collaboration between GPs, and primary care to tertiary care has been extraordinary, particularly in NSW, particularly in Sydney. NSW Health in my view has been an absolute leader in collaboration and acting together and trying to act together as one system. We may not necessarily feel it on the ground, we may disagree with decisions that are being made, fair enough, we may not feel we are being listened to enough, but unless you actually get involved and unless you actually speak up about things, I think it is very hard to have your perspective heard. But it certainly in my experience, and I have been absolutely privileged to have had the opportunity to speak for the committees that I chair or co-chair or have been involved with, to absolutely collaborating to get the people on a one-on-one basis and decision making on a one-on-one basis because it is the only way we can make a difference, because you can influence decision making and you can really influence perspectives.

Ken McCroary - Excellent, so with the various committees and agencies you are working with, are you able to explain a bit about the Agency for Clinical Innovation?

Walid Jammal - The Agency for Clinical Innovation is actually a pillar of, or a sub-section of NSW Health. Their job is really to integrate information and integrate clinical parts of NSW Health together to really try and innovate models of care, develop models of care. In that, directives come from the executive and initially we have a GP advisory group advising the agency about primary care and GP management. They think about what GP influence can be in this or that, and through that then they intersect with other pillars of NSW Health, things like the Clinical Excellence Commission and many other parts of NSW Health. We get a really broad section and the communities of practice are absolutely outstanding in terms of bringing people together and hearing the hospital and GP perspectives of many things and not just COVID.

Ken McCroary - That is a very impressive summary of working with NSW Health now you also work with the Commonwealth for instance the primary care reform steering group and Medicare services. How about some information about that aspect with the commonwealth's relationship and your work with the primary care reform?

Walid Jammel - Medicare Services is a different committee. It is a different model to get. It looks at the effectiveness, safety, cost effectiveness or any services that needs to be funded on the MBS, so it has a completely different processes and one section of the department have been the involved in economic evaluations at the committee for the better part of a decade and so that has taught me a hell of a lot about really looking at economic modeling about safety and effectiveness really good teaching evidence to really get the best outcomes for patients in the most cost effective way.

I have had the pleasure of co-chairing with Steve Hambleton the Primary Care Reform Steering Group which has over the last two or three years brought together a whole group of stakeholders including the RACGP, APRA, health consumers, the list goes on, to advise on the 10-year plan, we have produced a report and we are just waiting for the government to respond to that. The first and foremost recommendation is to look into integrated care between primary and tertiary care together and act together as one system, recall one system thinking and it is really, I think, within reach of the Government, and Commonwealth and State Government have actually agreed to already the national health reform agreement and that is actually that general practice, hospitals and tertiary care should act together as one, they should actually be one system, the patient sees one system, they should experience one system. To do that there is a hell of a lot of stuff I think to do on both sides of the fence really.

In primary care what we need to do, we can certainly communicate things better and be in power to and entrusted and bolstered to do a hell of a lot of integrated care. Before that can work and the tertiary health system, the Commonwealth, local and State commissions need to really think of GPs as part of them as part of their not workforce, but part of their team really, and make sure they communicate with us at every level and integrate with us at every level so that eventually the care that is best for the patient, that should be done in primary care, is done in primary care and the care that is best done in hospital , is done in hospital, and the transition between them should be smooth seamless so that the patient advances on one health system not 50.

That is the first recommendation but to do that obviously we need a helping hand including better funding, different types of funding, and the collection of data, and the information and one of the primary things we recommend is that every single patient in Australia should be offered to nominate a practice and a general practitioner as their GP, somehow enact it into the Medicare system so the whole system including the patient know who that patient's GP and practice are.

Ken McCroary - It is a very worthwhile endeavour. We have got a lot of change to bring across though haven't we, with 30% of people in Australia don't tend to have a nominated regular practitioner which we know has a disappointing outcome long term for their health and morbidities. We have significant issues with that in South Western Sydney and GP Link is a local organisation, are you aware of any other particular issues and challenges that face GPs working in South Western Sydney and other outer metro regions as well?

Walid Jammal - I agree I mean a link to GPs is crucial not matter where you are, including southwest Sydney or anywhere. I mean clearly when I am saying nominating a GP, people are saying what do you mean? Restricting ? No, no, no. I am being really clear in what I am saying that in the process of nomination nothing is lost to the patient, patients can still go anywhere they want to, but it formalises an existing relationship if they have one, and if they don't have one ,the benefit of actually finding a GP at the practice they can work with who services their needs is so important.

Clearly for some patients it is going to be more important than others but it is important for every single Australian because we know that a long term relationship with a primary care doctor in practice and continuity of care saves lives.

There is absolute evidence to that fact, if you have continuity of care then we have someone who can coordinate and is responsible for coordinating and being involved in every aspect of your care, you live longer and you don't end up in ED hospital beds. That doesn't mean that you can't go anywhere, we don't want to lock people in to a single provider or doctor, but the Medicare system would follow that, I don't think Australians would want that. This is not restricting a choice, it is formalising choice. There is a difference and yes some regions in Sydney, perhaps South Western Sydney or anywhere where patients don't have a regular GP,they should, they should be invited to find one that services their needs, to find one they have a good relationship with and that should be their primary doctor. I don't think anybody can argue that.

Ken McCroary - I would agree completely, with evidence we see just seeing a GP for 20 years you live 10 years longer, it is simply the facts, you stay out of hospital, and you stay well for longer so there is an issue in getting those messages into the minds of the decision makers and the minds of the general populous. How would you recommend we work towards that goal?

Walid Jammal - I think we have good policy here and all we can do is try to influence. I think the benefit we start with, the benefit to the patients, no matter what we want in general practice it has to be of benefit to the patients, and if we cant stipulate the benefit to the patient then we are seen to be only benefiting ourselves. This is my personal view, it is every aspect of policy every aspect of what we ask for every message that we are trying to give, we have to start with the patients.

How is what we are asking for better for patients, then we are going to say 'well if it is better for patients then this is good for us good for GPs, good for practices'. The third thing is, is it cost effective what we are asking for? A good use of public funds? Or is it a waste of money?

And finally is it good for the system? So I always say that no matter what you are asking for think about full perspective - what is in it for me? What is in for me from a patient's perspective? What is in it for me from a doctor and practice perspective? What is in for me from the government's perspective? What is in for me from the system and they align with what we call the quadruple aim?

Ken McCroary - Yes, well said Walid. I would like to finish up soon but during our brief discussions I have got this passion from you that you really are quite interested in different or various forms of funding general practice and payments of the services model versus practice models. Would you be kind enough to give us a bit of insight into your thoughts and ideas in that regards please?

Walid Jammal - Sure of course, again this is obviously my personal opinion that the literature is very clear on this as well the funding drives activity so no matter what type of funding you are talking about it has advantages and disadvantages it drives some activity and kills other activity.

So if we say, ok well what do we want to achieve with general practice, we want to be able to service our patients in a continuous fashion with team work, with every person, every doctor, every nurse, every receptionist being used to the best of their ability in a rewarding environment that has high quality care which we can show. Then we show a quality of care for our patients but also from our business of general practice, so if that is a goal and that certainly is a goal at my practice, we focus on our patients, we focus on quality and hopefully have reliable business.

So the question is how should we get paid for it? Let's assume we have, at anytime you can give me more dollars a head any day of the week but it is how and what form. You know we have things, that purpose, that passion, we come in, we do something, we get paid for it, the patient leaves - that is great but something needs to give because the problem it has highlighted, it is not great for team work when you drive the dollar for the service of a doctor being in that room, it is not good for chronic disease as you clearly know it is not rewarding to search for five or half a dozen item numbers to try and make a little bit out of spending time with the patients, and finally it defeats the service no matter what you do in fee for service you always drive quality over value.

What I mean by that is if you add $10 per Medicare rebate today, people pick a large number doesn't matter what it is, I would take $10 more in a Medicare rebate any day but when I see 30 patients or 25 patients or 30 patients in a day or even 35 if somebody else sees 60 they are going to make twice as much as I do. So no matter what you do to a Medicare item number, you automatically reward high volume care because the more you do the more you get paid. Now that is not necessarily bad, people are not criticising someone who sees 80 people a day, there is a line of quality coming through, where do we draw the line for quality over volume, that is the question?

In an ideal world I would like to see a base of fee services like we have supplemented by block funding for medicine care, or teamwork, or staff meetings, that will get quality improvement supplemented by perhaps even bonded payments, giving away some item numbers in the form of monthly payments for some patients not all of them supplemented by quality improvement payments and practice incentives.

So all of those things once you get a mix you then don't have your eggs in one basket and then you tailor the care you can provide, the care that you need to provide for your patients, and have the funding built in that, rather than conflict with it, because the problem is when you only have one funding-type services when you try to in innovate and do things differently it always comes off our needs, we are not paid to do that and that is a problem. You cant have an item number for everything that we want to do, you want to be able mix and match and I am not talking about capped patients either, I am not saying putting a limit on, I am saying just to draw extra funding in a different form to build a different model of care that people can find rewarding for the use of higher quality and fuel fee for service towards achieving that goal.

Ken McCroary - Fascinating information Wally and really chewable food for thought I think. I have really enjoyed the discussion we have had today, and I hope it transmits into some interesting discussions locally throughout the region during the next couple of months.

Once again that was Dr Walid Jammal thank you so much for joining us today and I really appreciate your time. Remember if you're not a member of GP Link already or you would like to learn more log onto our website at sswgp.link