Sustainable primary health care models in rural and remote Australia

Context: health status

Context: socioeconomic status

Context: workforce supply

Context: access to health services

Context

- Poorer health status
- Poorer socio-economic circumstances
- Substantially less health care resources
- Inadequate health service access
- National policy focus more on workforce than comprehensive primary health care – now shifting?
- A decade of ‘innovative’ models: pilots, trials & demonstration projects
Context

‘...rural and remote Australia...has been an ‘incubator’ for evolution in job design and other workplace innovation.’
Productivity Commission 2005

The issue

How best to provide primary health care services to small rural & remote communities where population & service infrastructure is sparse, & the need for health services is great?

Research foci

• A systematic review of rural & remote PHC service models in Australia 1993-2006 – What works, where & why
• Implementation, sustainability & generalisation of PHC models in rural & remote Australia
• Workforce retention
• Linkage & exchange

Methods

• Reference groups
• Systematic reviews - published & ‘grey’ literature
• Case studies
• In depth key informant interviews

Results

• Successful health service models can be grouped within typology
• Effective models share common success factors – enablers & essential requirements
• Evidence-informed principles to guide primary health care service development in rural and remote Australia

Typology of models

<table>
<thead>
<tr>
<th>MODEL TYPES</th>
<th>EXAMPLES</th>
<th>SENTINEL DRIVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discrete Services</td>
<td>Easy entry-gracious exit</td>
<td>Sustainable medical workforce</td>
</tr>
<tr>
<td></td>
<td>Viable models</td>
<td></td>
</tr>
<tr>
<td></td>
<td>University clinics</td>
<td></td>
</tr>
<tr>
<td>Integrated Services</td>
<td>Shared care</td>
<td>Coordination between, and access to, services otherwise not available or sufficient</td>
</tr>
<tr>
<td></td>
<td>Co-ordinated Care Trials</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Multi-Purpose Services Program</td>
<td></td>
</tr>
<tr>
<td>Comprehensive PHC</td>
<td>Aboriginal controlled Community Health Services</td>
<td>Primary focus on improved access to services &amp; community control</td>
</tr>
<tr>
<td>Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Hub-and-spoke</td>
<td>Access for communities too small to support discrete service</td>
</tr>
<tr>
<td></td>
<td>Visiting/periodic services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fly-in, fly-out</td>
<td></td>
</tr>
<tr>
<td>Virtual Outreach</td>
<td>Virtual antenatal</td>
<td>Use of IT to increase access to and sustain service for communities too small to support discrete rural service</td>
</tr>
<tr>
<td>Services</td>
<td>Virtual clinics – video assessment &amp; monitoring</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Telehealth/telemedicine</td>
<td></td>
</tr>
</tbody>
</table>

Virtual Outreach Services

Example: Use of IT to increase access to and sustain service for communities too small to support discrete rural service.
Conceptual framework

Location of PHC case studies

Results - implementation

- Context
  - national: ‘Hansonism’
  - local: lack of service
- Supportive Commonwealth policies
- Governance, management, leadership a priority
  - shared vision (‘conceptualisers’), change management (‘implementers’), champions (‘political runners’)
- Funding

Results – sustainability

- Policy critical
  - mainstream, equalisation, ad hoc
- Community ownership
- Governance, management, leadership
- Workforce supply
  - need effective HR practices, retention strategies, succession planning
- Funding

Results – generalisability

- Context
  - national: priorities, political leadership & public sector culture
  - local:
    > community ownership is critical
    > match between population size & range of services
- Commonwealth/state responsibilities for PHC unclear
- Workforce & infrastructure
  - Limited skills base & capacity building
- Funding
  - Flexibility to meet local needs

Workforce retention

- A workforce retention ‘package’ may be the best retention strategy, underpinned by good management and governance.
  - Adequate staffing – reasonable workload
  - Adequate infrastructure – housing, vehicles, IT
  - Realistic remuneration – including retention bonuses
  - Workplace culture that values worker - CPD, support, mentoring
  - Workplace environment – orientation, career pathways
Rural & remote research

- APHCRI
- Appropriate funding for
  - team communication
  - fieldwork
  - linkage & exchange

Linkage & exchange

- APHCRI commissioning: priority-driven
- Spoke workshops with policymakers
- Reference groups
- Individual meetings
- Presentations – conferences, seminars etc
- Traveling fellowship – international L&E

Publications


1,326 reports


Linkage & exchange

• “The Centre for Remote Health, & … APHCRI collaborators have made a valuable contribution to how policy makers understand the range of issues & possible solutions for effective & sustainable rural & remote health service delivery,” Sharon Appleyard
  Asst Secretary Rural Health Services & Policy Branch,
  Office of Rural Health

• Humphreys J & Wakeman J 2008 Primary health care in rural and remote Australia: achieving equity of access and outcomes through national reform, a discussion paper commissioned by the National Health and Hospitals Reform Commission.

Take home messages

• No ‘one size fits all’
  – a number of models
  – models need to fit rural & remote context
• Conceptual framework useful & robust
• Resolve Commonwealth/state issues
  – Agreed national rural health policy & plan critical
  – One health system
• Community participation essential
Take home messages

- Effective governance, management & strong leadership priorities
- Success linked to **systematically addressing** environmental enablers & essential service requirements
- ‘Success breeds success’ – workforce de-emphasised when other linked ‘essentials’ addressed
- Monitoring & evaluation

Take home messages

- Building remote & rural health research
- Linkage & exchange
  - integral
  - multi-faceted
  - incessant