POLICY CONTEXT

Rural health policies over the past decade have been driven by the need to reduce health inequalities between metropolitan and rural Australia. These policies have concentrated on addressing workforce issues, targeting the medical workforce in particular. Little policy attention has focused specifically on the systematic development of sustainable comprehensive Primary Health Care (PHC) service models appropriate to rural and remote Australia. There is a need to know what model works best where, and why.

KEY FINDINGS

The results describe five broad categories of health service models that emerged from the literature:

1. Discrete services
2. Integrated services
3. Comprehensive primary health services
4. Outreach
5. Virtual outreach

There is no ‘one coat fits all’ model. Different model types suit different locations. There were well evaluated exemplars of each of these models of PHC service delivery which are amenable to generalisation and evaluation in other regions.

Critical Mass and Economies of Scale

The nature of population distribution in Australia is the critical factor in designing PHC services. Successful models address diseconomies of scale by aggregating a critical population mass, whether it is a discrete population in a country town or a dispersed population across a region. Evidence indicates a minimum population base of about 5000 for rural and 2000 to 3000 people for remote communities is required to support an appropriate, sustainable range of PHC activities.

Evidence-based guiding principles

A set of principles was derived to guide the development of PHC services. They address three key environmental enablers:

(a) Supportive policy
(b) Commonwealth/State relations
(c) Community readiness
Five essential service requirements:

1. Workforce organisation and supply
2. Funding
3. Governance, management and leadership
4. Linkages
5. Infrastructure

For more details, go to the three page report.