

The logo for the Centre of Research Excellence is a light blue oval shape with a white swoosh on the right side. Inside the oval, the text "Centre of Research Excellence" is written in a dark blue, sans-serif font.

Centre of Research
Excellence

in Rural and Remote
Primary Health Care

Centre of Research Excellence in Rural and Remote Primary Health Care

Access and equity in the provision of primary health care services in rural and remote Australia

Presentation to the Department of Health & Ageing, Canberra

16 May, 2013

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The research reported in this presentation is a project of the Australian Primary Health Care Research Institute, which is supported under the Australian Government's Primary Health Care Research, Evaluation and Development Strategy. The information and opinions contained in it do not necessarily reflect the views or policy of the Australian Primary Health Care Research Institute or the Department of Health and Ageing.





How do we ensure accessible & equitable primary health care for all Australians living in rural & remote areas?

Three key research foci:

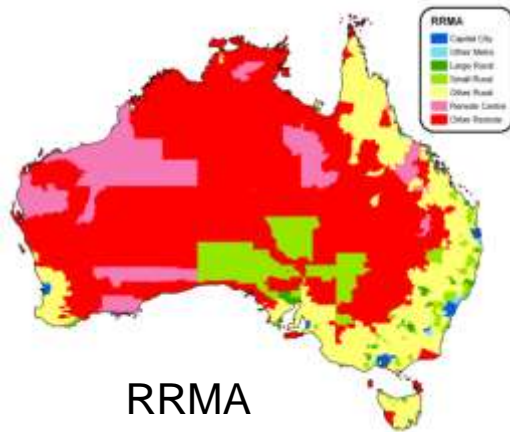
- **Access** - Where do we allocate services and resources?
- **Equity** - What services should residents of rural & remote areas reasonably expect & what quantum?
- **Effectiveness** - What services work best to improve health outcomes?

Today's presentation

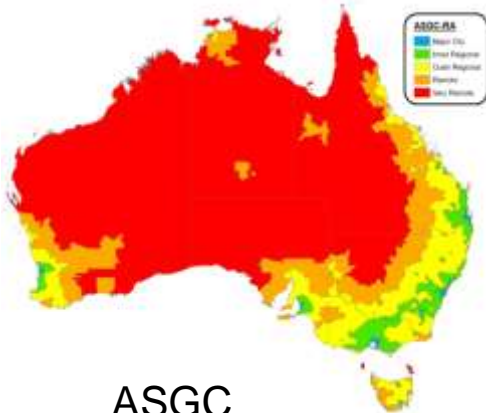
1. Exemplify the **research** being undertaken in each stream
2. Illustrate **policy relevance & knowledge exchange** activity
3. Demonstrate **research capacity building**, internal & external

Stream 1

Access to primary health care



RRMA



ASGC

The problem:

- Different classification criteria result in different eligibility for resources

The policy issue:

- How to measure access to PHC services in rural & remote areas?

The output:

- An 'index of access' to PHC services

Stream 1

Access to primary health care

The criteria:

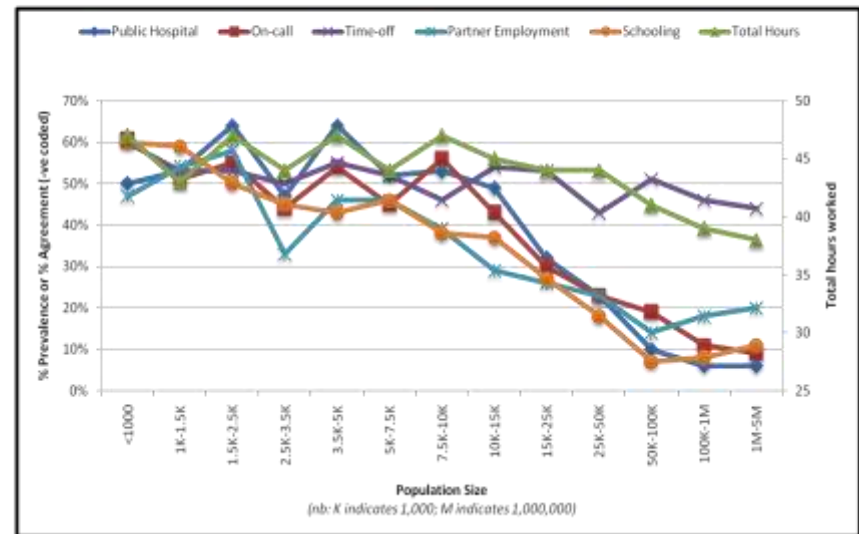
- the nature & complexity of what doctors do
- the context in which they do it

The data:

- 6 sentinel professional and non-professional indicators:

The classification:

- more sensitive to differences
- a better basis for equitable resource allocation



Indicator	Statistical Test	ASGC-RA	New 6-level classification
Total hours	Rho	0.114	0.125
Public Hospital	$\chi^2(1)$	18.2	156.8
On-call 2+	$\chi^2(1)$	42.9	120.2
Time-off	$\chi^2(1)$	11.8	5.0 (p=0.025)
Partner employment	$\chi^2(1)$	5.2	72.3
Schooling	$\chi^2(1)$	68.6	134.5

Stream 2

Equity in PHC service provision

The problem:

- What services should be available where?

The policy issue:

- How to fund & deliver appropriate PHC services in rural & remote areas?

The output:

- A framework which benchmarks core requirements for effective, sustainable PHC services



Remote



Rural



Regional



Stream 2

Equity in PHC service provision

The criteria:

- what are ‘core’ services
- different locations

The data:

- systematic review
- expert ‘delphi’ process
- benchmarking PHC services

The output:

- funding and workforce benchmarks for different communities

Rural Population Groups	>5000	3001-5000	1001-3000	501-1000	101-500	≤100
n=24	%	%	%	%	%	%
Care of the Sick and Injured						
24 hour care including evacuation and emergency care	█					
treatment of injury and poisoning	█			█		
pathology	█	█				
radiology	█	█				
provision of essential drugs	█			█		
patient advocacy	█		█			
Remote Population Groups	>5000	3001-5000	1001-3000	501-1000	101-500	≤100
n=24	%	%	%	%	%	%
Care of the Sick and Injured						
24 hour care including evacuation and emergency care	█				█	
treatment of injury and poisoning	█					
pathology	█					
radiology	█					
provision of essential drugs	█				█	
patient advocacy	█					

Stream 3

Effectiveness of PHC services

The problem:

- Which PHC services are most cost efficient & effective in improving health outcomes?

The policy issue:

- What evidence exists to guide policies for the provision of PHC services in rural & remote areas?

The output:

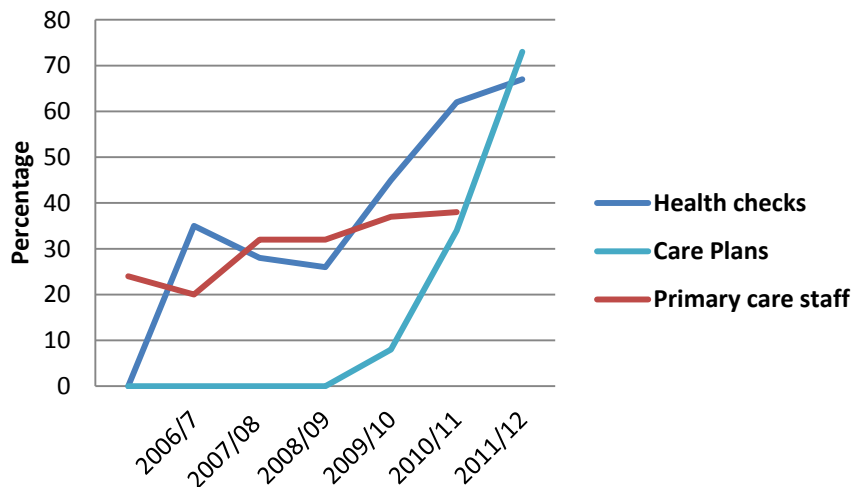
- An evaluation framework to assist policy makers



Stream 3

Effectiveness of PHC services

Fitzroy Valley Health Service



The criteria:

- national health performance indicators
- sustainability requirements

The data:

- remote service clinical audit
- stakeholder interviews

The output:

- PHC service evaluation framework for monitoring performance & sustainability

Strengthening PHC - a systemic approach

- **Enablers**

- Community-led
- National/state policy initiatives

- **Requirements**

- Funding
- Workforce
- Co-ordinated service provision with focus on health education, prevention, promotion
- IT infrastructure
- Rigorously evaluated with appropriate expertise, funding



Additional CRE activity

Knowledge transfer

Achieved by exchanging relevant & timely evidence:

- active stakeholder engagement
- extensive presentations
- publications
- Parliamentary enquiry submissions



Additional CRE activity

Research capacity building:

Achieved by:

- **growing our own** – 4 PhDs, 3 post-doctoral fellows
- **extending external research training** – 8 PHC workers benefiting from access to research training and support



CRERRPHC contacts

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