

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

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MONASH University  
Medicine, Nursing and Health Sciences



Broken Hill University  
Department of Rural Health



Centre for  
Remote Health  
A joint centre of Flinders University  
and Charles Darwin University

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

Three key research foci:

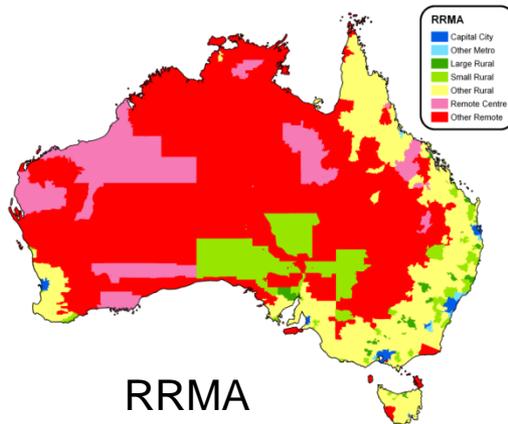
- **Access** - Where do we allocate services and resources?
- **Equity** - What services should residents of rural & remote areas reasonably expect & what quantum?
- **Effectiveness** - What services work best to improve health outcomes?

# Today's presentation

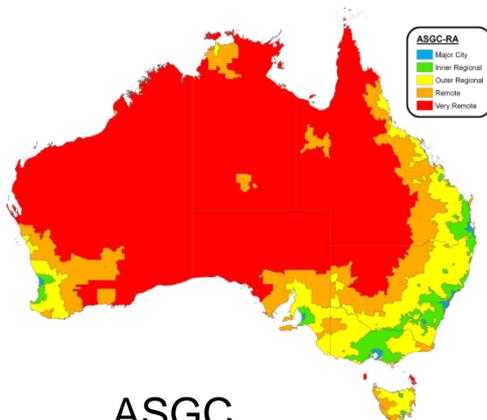
1. Exemplify the **research** being undertaken in each stream
2. Illustrate **policy relevance & knowledge exchange** activity
3. Demonstrate **research capacity building**, internal & external

# 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:

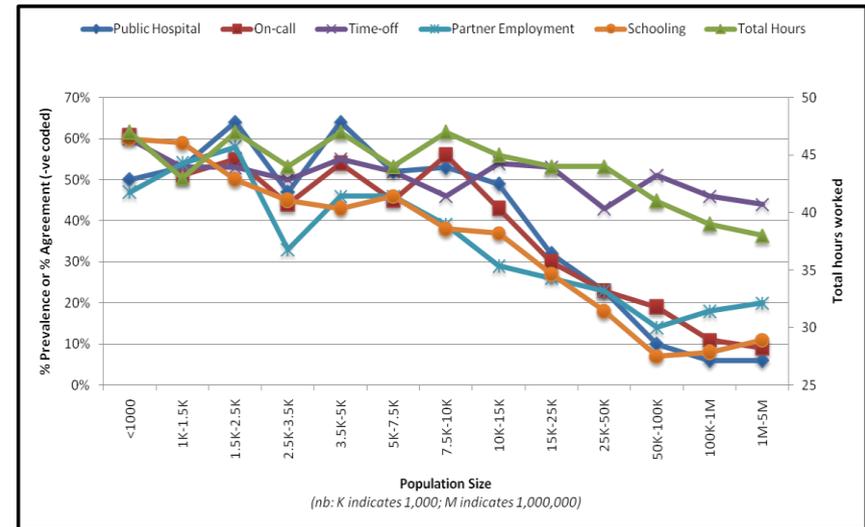
- the nature & complexity of what doctors do
- the context in which they do it

### 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:

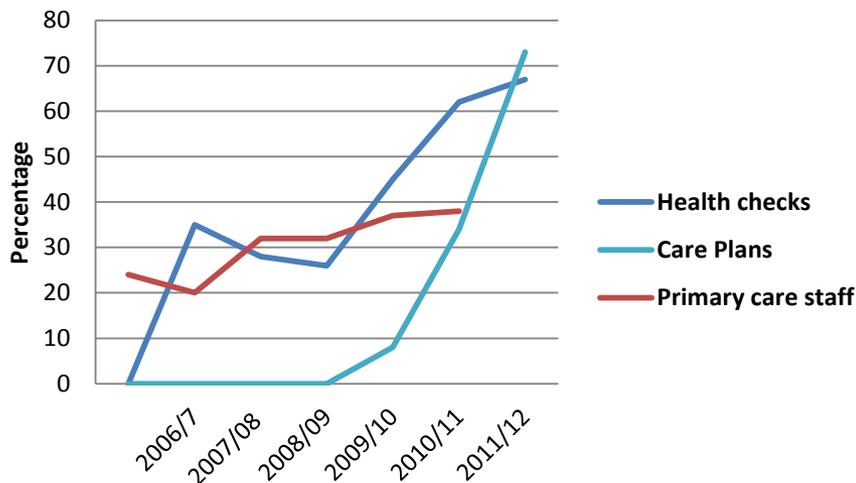
- An evaluation framework to assist policy makers



# 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

- CRE website: [www.crerrphc.org.au](http://www.crerrphc.org.au)
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