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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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
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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Statistical Test</th>
<th>ASGC-RA</th>
<th>New 6-level classification</th>
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<td>$\chi^2(1)$</td>
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<td>5.0 (p=0.025)</td>
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<td>72.3</td>
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<td>Schooling</td>
<td>$\chi^2(1)$</td>
<td>68.6</td>
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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
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

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<th>Rural Population Groups</th>
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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

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
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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