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A Alfred
E Kalucy
E McIntyre

Improving access to rural health care

Doctors and allied health professionals are in short supply in rural and remote areas of Australia.¹ Added to this, scattered populations and small communities make meeting the health needs of the people living and working in these areas a challenge.¹ Major Australian Government measures set by the newly established Office of Rural Health² and visa arrangements for overseas trained medical doctors will help. At the local level, traditional approaches must make way for health services that are *flexible and responsive to local circumstances* to better meet the diverse needs of the population.

Current rural research has a role at different stages of policy implementation: assessing the impact of infrastructure changes designed to improve pathways to care, and identifying and evaluating how local rural services are contributing to improved quality of care through increased inter-disciplinary cooperation.

STRUCTURAL CHANGES MAKE A DIFFERENCE

A number of initiatives have been introduced to support structural change and improve access to health care in rural and remote communities. The More Allied Health Services established in 2000 and currently under review funded 118 826 services to 70 134 patients through rural and remote Divisions of General Practice in 2006-07.³ Through the Better Outcomes in Mental Health Care program between July 2003 and December 2007, GPs increased referrals to allied health practitioners in both urban and rural areas. This occurred through 108 Access to Allied Psychological Services projects conducted in 114 Divisions of General Practice.⁴ More allied health professionals participated in urban than in rural areas.

GP Super Clinics are being set up to focus on early intervention, prevention and health promotion, and to facilitate better coordination and integration within a multidisciplinary primary health care team and system. They will provide delivery to local communities and most are located in non-urban areas. In 2008, the National Rural and Remote Health Infrastructure Program was implemented to provide funding for infrastructure, equipment and strategic service planning to encourage new partnerships and multidisciplinary approaches.

A South Australian study is seeking to build on the available information on how effectively the Medicare reforms are meeting rural mental health needs.⁵

INTEGRATING CARE CAN IMPROVE HEALTH CARE QUALITY AND EFFICIENCY

A systematic review of research in rural areas in Australia supported Canadian research suggesting that flexible models of care which include across-discipline support and practices can overcome the limitations caused by scattered populations and fewer health practitioners.^{6,7} The following research demonstrates how local rural health services are making this work for local communities in Australia.

In northern New South Wales parents were dissatisfied with the service for children requiring enteral feeding (tube feeding). A multi-disciplinary team comprising

health professionals from speech pathology, nutrition and nursing cooperated to identify why the parents were dissatisfied. As a result, the team streamlined patient care by creating action plans and coordinating care from different disciplines and conducted regular clinics to allow communication between parents and health professionals in a welcoming, non-acute setting. This resulted in greatly improved nutrition status for the children, increased families' satisfaction with quality of care and reduced hospital admissions.⁸

A Yorke Peninsula (South Australia) project aimed to improve safety for rural patients when they were discharged from hospital by making pathways between hospital and community health services clearer and easier for patients. As a result, the different health services communicated better with each other, timely risk screening increased and patients were more aware of and used community health services more after discharge.⁹

Rural patients with urgent need for physiotherapy illustrate the importance of GPs and other health practitioners communicating with each other about patients requiring priority consultations. Rural osteoarthritic patients in the Hunter Valley were self-reliant and often sought care only when desperate because pain and physical difficulties meant they were no longer able to manage the osteoarthritis themselves. They were able to see GPs easily, but were frustrated by long waiting times to see physiotherapists. As a consequence, some patients did not receive necessary treatment, while others consulted complementary therapists such as acupuncturists.¹⁰

Access to dental services outside metropolitan areas is very poor.¹ People who live in 'social chaos', especially in rural areas, receive

TO CONTACT PHC RIS:

Phone: +61 8 8024 5399
Web: www.phcris.org.au
PHC RIS Assist: 1800 025 882
Email: phcris@flinders.edu.au



episodic and incomplete dental care, often only in response to a dental crisis. A Tasmanian study, due for completion in 2011, is investigating ways of integrating dental care with primary health care to improve the pathways to dental health for this population.¹¹

ISOLATED COMMUNITIES HAVE VARIED NEEDS

Rurality per se does not necessarily lead to differences in health between urban and rural populations. A systematic review examined research into rural communities world-wide and found that **dangerous occupations, health and emergency service availability, driving distances, road conditions, and social isolation** are among many factors affecting health.¹² Policies aiming to improve rural health need to address all these factors to be effective.

Every three days a person is killed on an Australian farm. Farmers are familiar with the management of snakebite, but poorly prepared for other emergencies such as a child drowning, unconsciousness, heavy blood loss or fracture. Speedy and efficient response to injury is essential but more difficult in remote locations. In Western Australia, the Combined Universities Centre for Rural Health is identifying **farmers' first aid training needs and optimal referral pathways between retrieval and other services** for such emergencies. This will improve farm workers' ability to give help when accidents occur and access appropriate emergency services speedily.¹³

As well as the high injury and death rate from accidents, farmers experience higher rates of **physical and mental ill-health** than the general Australian population, owing to the nature of their environment and work. Different rural health groups in Moree, New South Wales collaborated to develop a farm health and injury toolkit, to help health professionals from different disciplines respond appropriately with health and injury management and prevention for farming families.¹⁴

Isolation can exacerbate other problems experienced by those **caring for people with dementia**, particularly in rural areas. A regional South Australian project identified that to maintain morale and prevent burn-out, carers need access to information early in the disease stage, as well as regular contact with health professionals about progress of the disease and changing care needs. They also need support in maintaining their own physical and emotional health, through opportunities for respite and social interaction and exercise where possible.¹⁵

A Victorian program providing **computers and computer training** to elderly rural carers led to them experiencing reduced depression and social isolation. These results hold promise for on-line programs that support rural carers by delivering essential information about care as well as relieving the isolation of their caring role by allowing them to communicate easily with health workers and others in similar situations.¹⁶

RAISING AWARENESS ABOUT SERVICES HELPS HEALTH PROFESSIONALS AND COMMUNITIES

Health professionals and communities associated with the Royal Flying Doctor Service (RFDS) in rural Queensland worked together more, increased their knowledge and solved health problems better after attending RFDS field days.¹⁷

Local organisations in regional Tasmania collaborated to raise awareness about rural health and the role of rural health professionals and community volunteers in a Rural

Health Week partnership. As a result diverse health professionals know more about each others' programs, and plan to work cooperatively in the future. In addition, the communities' health service use and participation in health and well-being activities increased.¹⁸

Rural people are more likely to have their health needs met when policy makers and health professionals from different disciplines work together to find out what local rural communities need and cooperate to meet the needs in appropriate ways. Locally relevant research has a key role in improving rural health.

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