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

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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<tr>
<td>Total hours</td>
<td>Rho</td>
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<td>Public Hospital</td>
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• 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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• 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
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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