NATIONAL RURAL HEALTH ALLIANCE

Pre-Budget Submission

2019-20

NATIONAL RURAL HEALTH ALLIANCE LTD

Introduction

The National Rural Health Alliance (the Alliance) is Australia's peak representative body for rural and remote health. We are committed to improve the health outcomes for the 7 million people in rural, regional and remote Australia.

The Alliance recently celebrated its 25th year as the voice of rural health. We have retained an absolute commitment to seek to improve the health outcomes experienced by people in country areas. People in rural, regional and remote Australia are more exposed to health risks (obesity, smoking, alcohol consumption, diet, exercise, accidents) and experience higher rates of health conditions (diabetes, chronic disease, cardio vascular disease to name a few) than people living in metropolitan areas. Diagnosis occurs later in the health care pathway, rates of hospitalisation are higher, treatment interventions are more invasive and the outcomes achieved are poorer.

The underlying predictors of poorer health are represented more starkly in non-metropolitan areas than they are in major urban centres. The availability of affordable, quality housing is more limited, levels of education achieved is lower, income levels are lower, employment opportunities are fewer. All of these things have a causal effect on the proportion of the population exposed to higher health risks, greater incidence of disease and poorer health outcomes.

The Alliance comprises 37 Member Bodies representing most professional health discipline peak bodies (nursing, medicine, dental, para-medical, pharmacy, allied health, health management) as well rural consumer organisations, Indigenous peak bodies (both health discipline and organisational) and national, rural focussed direct service providers.

This Pre-Budget Submission reflects the work of the Alliance over the past two years in identifying what strategies are required to have an immediate and lasting impact on improving the health of people in rural, regional and remote Australia.

The Alliance and its 37 Member Bodies thank the Government for the opportunity to contribute to the formation of the 2019–20 Federal Budget.

Mark Diamond
Chief Executive Officer
National Rural Health Alliance

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Summary

INITIATIVE	COST	BENEFIT
1. Increased Access to Health Care		A range of initiatives to increase access to health care for the 7 million Australians living in rural, regional and remote Australia. Initiatives will result in improved access to allied health care services for people in remote and very remote areas, pathways to train multi-professional rural generalists, evaluate the current National Framework for Rural Health and develop a new National Rural Health Strategy, define the levels of service access that is needed for rural communities and demonstrate the application of workforce, service models and innovative approaches to providing health care in targeted communities.
1.1 Stronger Rural Health Strategy – Phase 2	$550m (over 4 years)	
1.2 Telehealth expansion for remote areas	35m (over 4 years)	
1.3 Development of a multi-professional rural generalist pathways	$0.5m (over 2 years)	
1.4 Evaluate the National Strategic Framework for Rural and Remote Health	$0.6m (over 2 years)	
1.5 Develop a new National Rural Health Strategy	$1m (over 2 years)	
1.6 Service Access Standards for rural Communities	$9m (over 2 years)	
1.7 Targeted Improvements in Service Access	$50m (over 4 years)	
2. Rural Research		
2.1 Ensuring Australia's health research effort benefits rural and remote Australia	$7m (over 4 years)	
2.2 Providing access to linked health data	$4m (over 4 years)	
3. Support for the National Rural Health Alliance		
3.1 Supplementation	$2m (over 4 years)	
3.2 Service Development Unit	$9.3m (over 4 years)	
3.3 Rural Health Consumer Network	$0.4m (over 2 years)	

Proposed priority initiatives 2019/20

1. Increased Access to Health Care

The May 2018 Federal Budget committed over $550m to improving the health workforce in rural, regional and remote Australia. The provisions included a range of initiatives to support the medical and nursing workforce through enhanced training, employment support and practice incentives to support the provision of medical and nursing services in rural and remote areas in particular. There was not a strong focus on the other health professions and medical specialties that are substantially under-represented in rural and remote Australia. The only element that may benefit other professions is the combining of subsidy arrangements to support GP Practice recruitment of doctors and nurses to also support the employment of a range of allied health professionals in GP practice settings. It is this and related elements that now need to be strengthened and expanded.

1.1 Stronger Rural Health Strategy – Phase 2

This next stage would see an expansion of the strategy to include the provision and support of allied health services to rural, regional and remote Australia. While the advances that have been made in relation to the supply and distribution of medical and nursing services in rural areas are significant, the same can't be said for the provision of allied health services. This proposal would see the application of some of the initiatives that have demonstrated an impact in medicine and nursing to the other health professions and for a focus to be developed on creating integrated primary health care teams capable of meeting the particular health needs of local communities. These initiatives will be complementary and build upon the focus that the National Rural Health Commissioner will have in 2019 on the range of other health professions necessary to provide multi-disciplinary, coordinated care in rural Australia.

Investment: $550m (initial commitment)

1.2 Telehealth expansion for remote areas

This initiative will build on the Health Ministers commitment (here) to provide $33.5m to fund General Practitioner access to the MBS for general consultations to people living in remote and very remote areas. The proposal seeks to expand this commitment to include the 14 recognised allied health professionals that presently have access to the MBS for face-to-face consults only. The initiative focusses on the most disadvantaged communities in remote and very remote locations across Australia where the health outcomes experienced are the worst in the country. These communities often do not have local access to GP's, nursing or allied health services.

Australia has just over 500,000 people living in its most remote areas (Modified Monash Model (MMM) Regions 6 and 7). This initiative recognises that significant advances in technology have occurred which enable health practitioners to communicate remotely with other health professionals and consumers in remote locations. Initiatives such as the governments Mobile Black Spot Program has enabled over 600 communities, many of which are located in remote and very remote Australia, to have data and voice connectivity through the 4G telecommunications network. This and other initiatives, including the Skymuster satellite broadband service, mobile phone extension services and

community WiFi hubs are enabling connectivity and a platform upon which technological aides and applications can be utilised to augment clinical practice.

The initiative will also build upon the government decision to enable tele-health consultations to be claimed on the MBS by GP's and psychologists providing direct mental health care and the similar expansion of telehealth services in drought affected areas.

The funding model would involve enabling access to the MBS by these practitioners remotely in much the same way as currently applies to GP's and psychologists for mental health related consultations. Alternatively, a blended payment arrangement could also be considered that would recognise some of the fixed costs associated with a practitioner accessing the technology to enable the provision of service.

An important consideration will be the need to restrict access to the scheme to those practitioners working in regional and outer regional areas (MMM 4 to 5) and those (few) allied health practitioners already located in remote and very remote areas (MMM 6 and 7). The intent is to better meet the needs of consumers for which access to health services is limited, while strengthening the viability and sustainability of allied health services in these areas.

Investment: $35m (over 4 years)

1.3 Development of multi-professional rural generalist pathways

Health workforce data clearly indicates that there is a maldistribution of the health workforce across a range of professional health disciplines. While the focus of efforts to correct this has largely been focussed on the medical professions, an equally concerted effort is required to identify strategies and opportunities for enhancing access to multi-professional practitioners more generally.

The Government's commitment to the development of Rural Generalist Pathways in medicine is commended. This work is a core responsibility of the recently appointed Rural Health Commissioner and the Alliance is keen to work with the Commissioner to assist in any way it can with this important initiative.

The Alliance believes that the identification and development of generalist pathways can be a key enabler in addressing the present maldistribution of the health workforce more generally. Such an initiative would enable the identification of learning and development requirements for trainees during both their undergraduate and postgraduate years to enable them to be proficient in applying their practice to rural and remote settings.

The Alliance is well placed to undertake this work. Each of the relevant professional disciplines is represented as part of our membership as well as employer and organisational membership-based peak bodies.

This work would occur in parallel with the work being undertaken by the Rural Health Commissioner and would occur over the same time period (two years). The Alliance will work closely with the Commissioner to coordinate the development of complementary training, development, work experience and employment pathways for multi-professional disciplines being skilled and attracted to working in rural and remote areas.

Investment: $500k (over two years)

1.4 Evaluate the National Strategic Framework for Rural and Remote Health

Endorsed in 2011 by the Standing Council on Health, the National Strategic Framework for Rural and Remote Health (the Framework) recognised the unique challenges of providing health care in rural and remote Australia and the importance to all Australians of providing timely access to quality and safe health care services, no matter where they live. The Framework was intended for use by all engaged in the planning, funding and delivery of health services in rural, regional and remote Australia – governments, communities, local health service providers, advocacy and community groups and members of the public.

There has been no work undertaken to assess the extent to which the Framework has been applied, its effectiveness in enhancing service planning and delivery or to what extent the goals of the Framework may have been achieved.

This initiative would enable a comprehensive evaluation to occur, the results of which would provide valuable input to inform the development of a new National Rural Health Strategy.

Investment: $600k (over 2 years)

1.5 Develop a new National Rural Health Strategy

Australia's Health 2016 (the biennial report of the Australian Institute of Health and Welfare) acknowledges that "Australians living in rural and remote areas tend to have lower life expectancy, higher rates of disease and injury, and poorer access to and use of health services than people living in major cities." This is word for word the same as the assessment from *Australia's Health 2010*.

With little change in health outcomes in the intervening six years, it is time for a new National Rural Health Strategy which should be developed following the evaluation and review of the 2011 Framework outlined above.

Key elements of the strategy would include key priorities similar to those contained in the 2011 Framework including: access; service models and models of care; health workforce; collaborative partnerships and planning at the local level; and strong leadership, governance, transparency and performance.

Australia has been at the forefront of rural health service development. We need to evaluate programs such as the multi-purpose services programs and other innovative models of service delivery and look at how we can build on their successes to meet emerging needs in rural and remote communities.

A new National Rural Health National Framework will reflect these requirements and look at how health reform and improved health service delivery is positioned within the broader social and economic life of rural and remote Australia.

Investment: $1m (over 2 years)

1.6 Service Access Standards for rural communities

This initiative will build on the existing work that has been undertaken by the Alliance and its member organisations to develop a scalable method of identifying the health needs of individual rural communities (or population catchments) and defining the service models necessary to achieve sustainable improvement in health outcomes.

The Alliance has developed an 'Exemplar' model that can be used to assess the health needs of communities and catchments of different size, location and socio-demographic/cultural characteristics. Additional funding is required to further develop the tool and 'test' its application to a range of communities and catchments of different characteristics. Once refined, the tool will be used to access a range of existing data sets reflecting actual and predicted health needs. Data will also be sourced to define the service models that are best placed to achieve the required improvement in health outcomes for that community or catchment. Analysis will include a cost benefit and evaluation framework to assist in the consideration of the models developed.

Through its close collaboration with the rural health research sector, the Alliance will engage with rural health research hubs, Rural Health Training Units, Clinical Schools and the tertiary education sector to progress the development of the service access standards. Data sources will include the data sources presently managed by the Department of Health, including the Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) workforce mapping facility.

It is envisaged that modelling will be able to be completed for over 400 communities or catchments across outer regional, remote and very remote areas over the four-year funding term. Service profiles will be accessible for use by health service planners, Primary Health Networks, Local Health Districts, state/territory governments and the Commonwealth.

Investment: $9m (over 2 years)

1.7 Targeted improvements in Service Access

This initiative seeks to identify a minimum of 20 rural and remote 'test bed' sites comprising clusters of rural communities within a common population catchment to identify the service access issues in that catchment, and to seek to directly influence the barriers impacting on enabling people to have timely, appropriate and affordable access to health services.

The initiative would require the Alliance and its member organisations to work to:

- Develop the criteria upon which the selection of the 20 communities would be selected.
- Utilise the Exemplar approach (above) to identify the health needs of the catchment population based upon an analysis of the socio-demographic characteristics, geographical proximity to services, and illness and disease profiles.
- Undertake an analysis of the supply and distribution of the health workforce and the level of access to services currently available to the catchment population.
- Undertake an analysis of the pathways to care that currently exist and identify best practice/best fit/best outcome solutions to address the impediments to access.
- Identify the resource shortfalls that exist and implement response plans targeting workforce capacity, technological integration and infrastructure.
- Evaluate over the four-year funding period the improvement in service access that has been achieved and the impact on health outcomes observed.

Investment: $50m (over 4 years)

2. Rural Research

2.1 Ensuring Australia's health research effort benefits rural and remote Australia

This initiative calls for establishment of a structure within the Medical Research Future Fund (MRFF) to enable the fund to have a proactive approach to attracting research proposals from rurally based researchers, academics and Practitioners. Equally important, the initiative will address one of the critical concerns and frustrations of the health research sector – the translation of research outcomes into policy and practice.

The MRFF is presently not required to capture and report on the proportion of funded research activity that is either specifically targeted at rural health concerns or includes sufficient rural representation to be applicable to rural areas. The recently released MRFF priorities for 2018-2020 failed to identify a specific focus for rural health research, although the new focus on Indigenous health is very much welcome. Recent analysis of the National Health and Medical Research Council (NHMRC) research activity has established that in 2014 less than 2.4% of the total NHMRC spend is directed to rural areas[1]. This startling statistic belies the fact that approximately 7 million people (29% of Australia's total population) live in rural, regional and remote Australia. Further, on almost every health outcome indicator, country people experience demonstrably poorer health outcomes than their metropolitan counterparts. There is clearly the opportunity to maximise the return on the research dollar by investing in rural health research.

The initiative has been costed on the basis of funding 6 FTE, establishment costs and overheads to undertake the three key functions of:

- Develop Rural Health Research Priorities based on the linked data evidence and data analysis and validated in consultation through the Alliance.
- Assist research bodies funded under MRFF to engage with rural and remote community sector and understand rural circumstances and challenges.
- Establish processes and support the translation of research outcomes from the MRFF for the benefit of rural and remote communities.

A significant benefit of the initiative is that the resource will act as an interface between the research bodies and rural communities. It will avoid each of the research bodies having to establish their own processes and engagement with rural and remote communities as well as clearly establishing the research priorities to ensure translatable benefits.

An alternative option involves establishing a similar capacity within the MRFF funded Centres for Innovation and Regional Health located in NSW and the NT. This would require a partnership to be negotiated with the National Rural Health Alliance to ensure strong linkages with the sector through the membership bodies of the Alliance.

Investment: $7m (over 4 years)

[1] Australian Journal of Rural Health (2018) https://onlinelibrary.wiley.com/doi/full/10.1111/ajr.12429

2.2 Providing access to the available linked health data for improved targeting of health investments in rural and remote Australia

This initiative involves the alignment of existing data sets to inform decision making at policy, service planning and service delivery levels to improve health outcomes for people in rural, regional and remote areas.

Australia is fortunate to have a number of Australian data base entities that collect and report on data for the health sector (such as ABS and AIHW). Other data agencies include the Independent Hospital Pricing Authority (IHPA), National Health Funding Body and the Australian Health Practitioner Regulation Agency (AHPRA).

However, the Alliance has identified previously (in a submission to the Senate Select Committee into Health inquiry into improving access to and linkages between health data sets held by Commonwealth entities (2015)) that what is missing is a single, overarching long term plan clearly identifying the range of health data needs, the rationale underpinning data gathered by whom, how and why, and how data is stored and disseminated and shared.

The data holdings held by the Administrator of the National Health Funding Body include linked data across MBS, PBS and hospitals with a Medicare PIN as a point of linkage (utilisation of this is understood to require Commonwealth approval). This data (with over three years history) is available in almost real time and can be analysed in ways that can present how Australians interact with the public funded health system.

The availability of this linked data set would enable:

- The assessment of different levels of access to health care for different conditions and in different geographic locations.
- An assessment of the degree to which best practice is being employed across disease groups and how different populations interact with the health system to address their needs
- The provision of near real time evidence to assist decision-making and better inform policy makers, researchers and funders about the current relationship between health service provision and the health outcomes achieved.
- More accurate commissioning of research activity to address health inequity and the measurement of the effectiveness of research translation into practice.

This initiative is possibly the most powerful tool available for health policy and health funding decision-making. Its release and use would have a profound impact on health outcomes in Australia. A similar facility is in operation in New Zealand and Canada. The initiative is consistent with the recommendations of the recent Productivity Commission Report and supported in the Government's response.

Investment in this initiative would deliver the analysis required to a provide a clear picture of both disadvantage in rural Australia and where governments and policy makers could get the best return on the health investment. The funds will resource the data analytics, health economic analysis and governance design and development to ensure privacy and data protection mechanisms are in place.

Investment: $4m (over four years)

3. Support for the National Rural Health Alliance

3.1 Supplementation

The Alliance has been supported by government over the past 25 years to provide leadership, advice and support to the rural and remote health sector. The Alliance is the only peak organisation able to source expertise from across the majority of healthcare professions and representative groups, each of which have a direct investment and involvement in rural and remote health. As such, the Alliance is uniquely placed to provide expertise and definitive advice to inform higher level decision making regarding the provision of quality health care services to consumers in rural and remote Australia. A core function of the Alliance is to assist the Commonwealth Government in the formulation of national policy and program initiatives designed to improve health outcomes for people living in rural and remote Australia.

Continued and amplified support of the Alliance will ensure:

- Expansion of the capacity of the Alliance to provide leadership in the consultation of the rural health sector in the development of new initiatives, service models and new technologies that will improve health outcomes for consumers in rural and remote Australia.
- Expansion of the network of affiliated member organisations to ensure all service sectors that have a focus on rural and remote health benefit from the support and involvement of the Alliance and are able to contribute to the formulation of key policy initiatives without duplicating effort.
- Expansion in the ability of the Alliance to facilitate research activity targeting best practice solutions to the provision of health care to rural and remote Australia.

Investment: $2m (over 4 years)

3.2 Establishment of Service Development Support Unit

This initiative seeks to establish a central capacity to:

- Work with Alliance member organisations, PHNs, LHD's/LHN's, state and federal departments of health, and the office of the Rural Health Commissioner to identify vulnerable rural and remote areas that are at risk of losing services.
- Ensure rural and remote towns maximise use of existing resources including MBS to improve their service quality and viability.
- Provide business and service modelling for at risk services through provision of financial analysis and business development advice.
- Develop best practice integrated service modelling.

Many rural and remote locations lack access to allied health and mental health services. There is not one consistent service model across all rural and remote towns. Typically, they can be characterised as having limited or no access to private allied or mental health services within their town. Where a private provider does exist, they are usually expensive. Where a public provider of these services exist, they have long waiting lists which acts as an additional barrier to access.

In towns where a robust private medical practice exists it is often the case that there is criticism and frustration from GPs who are unable to access the required allied health and mental health services for their patients and provide care plans and better team care arrangements. In most cases the public

providers of these services do not use MBS funding to support allied health and mental health services. It is clear that there is substantial under-utilisation of MBS for allied health and mental health services in rural and remote Australia.

An important improvement for rural and remote primary health care services could be achieved by enabling access to the underutilised Medicare funds to identify packaged health care solutions for small communities. The proposed service development support unit would provide support to these small services through:

- Financial analysis and modelling
- Service development support
- Advice about workforce retention and creation of financial incentives
- Access to a pool of funds able to support services as they transition to better service and financial models
- Advice to NRHA and Government about best practice and workforce sustainability.

Investment: $9.3m (over 4 years)

3.3 Building the rural health consumer network

This initiative seeks to expands collect consumer views about what service models, practices and ways of working have the most benefit in improving health and well-being. It follows the recent announcements and social media commentary made by the Hon Ken Wyatt regarding the value that needs to be placed on listening to the stories of health consumers and the insights that they have into how health services (particularly for vulnerable people) can be improved.

In addition to this, recent research has highlighted the need to look more broadly at the range of evidence used to inform decision-making in healthcare. Much of the research points to the lived experience of consumers of health services being key to informing better practice. Also, studies have now clearly established that a positive service experience is closely related to a heightened sense of health and well-being.

This initiative is also consistent with movement toward ensuring consumers and carers are at the centre of decisions being made concerning their care. This movement is most clearly demonstrated within the aged care and disability services sectors where consumer directed care systems and processes are now being implemented to give consumers and their carers control over the choices available to support them in both community and residential care settings.

This project seeks to review the evidence available and to undertake a research project aimed at capturing the personal stories of rural and remote consumer and carer experiences with the health care system. This information will then be used to expand the breadth of evidence available to inform better practice and policy reform required to address the rural and remote health outcome divide.

Investment: $400k (over 2 years)

National Rural Health Alliance Member Bodies

Australasian College for Emergency Medicine - Rural, Regional and Remote Committee (ACEM)
Australasian College of Health Service Management - rural members (ACHSM)
Australian College of Midwives - Rural and Remote Advisory Committee (ACM)
Australian College of Nursing - Rural Nursing and Midwifery Community of Interest (ACN)
Australian College of Rural and Remote Medicine ACRM)
Australian Healthcare and Hospitals Association (AHHA)
Allied Health Professions Australia Rural and Remote (AHPA)
Australian Indigenous Doctors' Association (AIDA)
Australian Nursing and Midwifery Federation - rural nursing and midwifery members (ANMF)
Australian Physiotherapy Association - Rural Members Network (APA)
Australian Paediatric Society (APS)
Australian Psychological Society - Rural and Remote Psychology Interest Group (APS)
Australian Rural Health Education Network (ARHEN)
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)
Council of Ambulance Authorities (Rural and Remote Group) (CAA)
Centre for Remote Area Nurses Association (CRANAplus)
Country Women's Association of Australia (CWAA)
Exercise and Sports Science Australia (Rural and Remote Interest Group) (ESSA)
Federation of Rural Australian Medical Educators (FRAME)
Isolated Children's Parents' Association (ICPA)
National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA)
National Aboriginal Community Controlled Health Organisation (NACCHO)
National Rural Health Student Network (NRHSN)
Paramedics Australasia (Rural and Remote Special Interest Group) (PA)
Rural Special Interest Group of Pharmaceutical Society of Australia (PSA)
The Royal Australian College of General Practitioners - Rural (RACGP)
Rural Doctors Association of Australia (RDA)
Australian Dental Association - Rural Dentists' Network (ADA)
The Royal Australasian College of Surgeons - Rural Surgery Section (RACS)
Royal Far West (RFW)
Royal Flying Doctor Service (RFDS)
Rural Health Workforce Australia (RHWA)
Chiropractors' Association of Australia - Rural and Indigenous Health-interest Group (CAA)
Optometry Australia - Rural Optometry Group (OA)
Rural Pharmacists Australia (RPA)
Services for Australian Rural and Remote Allied Health (SARRAH)
Speech Pathology Australia - Rural and Remote Member Community (SPA)

…good health
and wellbeing
In rural and remote
Australia.

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