Outcome 6

RURAL HEALTH

Access to health services for people living in rural, regional and remote Australia, including through health infrastructure and outreach services

Outcome Strategy

The Australian Government, through Outcome 6, aims to improve access to health services for people living in rural, regional and remote Australia, by supporting a range of targeted rural health programs and activities through its ongoing health reform agenda. People living in rural and remote areas of Australia face poorer health outcomes than those living in urban areas. Life expectancy in regional[1] areas is one to two years lower, and for remote areas it is up to seven years lower compared with major cities.[2] People living in regional, rural and remote communities have limited access to primary health care services and are more likely to be admitted to hospital for conditions which could have potentially been prevented through the provision of non-hospital services and care.[3]

Other factors which impact on the health of people living in rural, regional and remote communities include poor health and aged care service viability, lack of infrastructure development, cost pressures associated with distance and isolation, and the inequitable distribution of the health workforce.

To address these factors, the Australian Government aims to expand outreach services, continue funding for health infrastructure in rural areas, and provide ongoing support for rural, regional and remote services. The Government's workforce initiatives will continue to tackle shortages of doctors and health workers in rural, regional and remote communities.[4] The changes to the incentive structure for workforce programs, made following the review of the geographic classification system review in 2008-09, and based on the principle 'the more remote you go the greater the reward', will result in more doctors for rural areas.

Outcome 6 is the responsibility of the Primary and Ambulatory Care Division.

Program Contributing to Outcome 6

Program 6.1: Rural health services

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[1] Regional refers to inner and outer regional areas – Australian Standard Geographical Classification Remoteness Areas 2 and 3.

[2] Australian Institute of Health and Welfare, 2008. *Rural, regional and remote health indicators of health status and determinants of health*, AIHW, Canberra.

[3] Australian Institute of Health and Welfare, 2007. *Australian hospital statistics 2005-06*, AIHW, Canberra.

[4] Refer to Outcome 12 for more information on initiatives to tackle health workforce shortages.

Rural health initiatives by Outcome

The Australian Government funds several programs that aim to improve access to rural and remote health services. Table 6.1 lists all programs that contribute to improving health outcomes in rural and remote areas.

Table 6.1: Rural health initiatives by Outcome

Outcome	Rural health activity
Outcome 2	Rural Pharmacy Maintenance Allowance
	Rural Pharmacy Workforce program
Outcome 3	Visiting Optometrists Scheme
	After Hours Other Medical Practitioners program
	MedicarePlus for Other Medical Practitioners program
	Rural Other Medical Practitioners program
	Temporary Resident Other Medical Practitioners program
	Higher Bulk Billing Incentives for GPs in Regional, Rural and Remote Areas, Tasmania and Metropolitan Areas (also Outcome 5)
Outcome 4	Multi-Purpose Services program
	Rural and Remote Building Fund
	Aged Care Adjustment Grants for Small Rural Facilities
	Training for Rural and Remote Aged Care Staff
	Viability Supplement for Community Aged Care in Rural and Remote Areas
	Capital Infrastructure Support (provides funding for the Indigenous Aged Care Plan)

Outcome	Rural health activity
Outcome 5	Practice Incentives program including: Domestic Violence Incentive; Procedural General Practitioner (GP) Payment; Rural Loading; and Rural Practice Nurse Incentive
	Higher Bulk Billing Incentives for GPs in Regional, Rural and Remote Areas, Tasmania and Metropolitan Areas (also Outcome 3)
	Mental Health Services in Rural and Remote Areas (Council of Australian Governments (COAG)) (also Outcome 11)
	Mental Health Support for Drought Affected Communities initiative
	Australian General Practice Training program
	Rural Retention program
	Expansion of Training for Rural and Remote Procedural GPs program
	Remote Vocational Training Scheme
	Rural and Remote General Practice program
	Prevocational GP Placements program
	HECS Reimbursement Scheme
	Rural Registrars Incentive Payments Scheme
	Workforce Support for Rural General Practitioners (Divisions of General Practice)
Outcome 6	Royal Flying Doctor Service program
	Rural Women's GP Service
	Rural Primary Health Services program
	Medical Specialist Outreach Assistance program
	National Rural and Remote Health Infrastructure program
Outcome 10	Supporting Women in Rural Areas Diagnosed with Breast Cancer
Outcome 11	Mental Health Services in Rural and Remote Areas (COAG) (also Outcome 5)

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Outcome	Rural health activity
Outcome 12	General Practice Rural Incentives program
	Rural Procedural Grants program
	Rural Locum Relief program
	Rural Health Multidisciplinary Training program (incorporates the following programs):
	• Rural Clinical Schools program;
	• University Departments of Rural Health program;
	• Dental Training Expanding Rural Placements program;
	• Rural Undergraduate Support and Coordination program; and
	• John Flynn Placement program.
	Recruitment, Support, Coordination and Assistance for Overseas Trained Doctors
	Rural Australian Medical Undergraduate Scheme
	Medical Rural Bonded Scholarships Scheme
	Medical Rural Bonded Scholarships Support Scheme
	Bonded Medical Places Scheme
	Bonded Medical Places Support Scheme
	National Rural Locum program
	Consolidation of Continuing Education and Training Support for Rural Health (incorporates the following programs):
	• Rural Health Support, Education and Training program;
	• Rural Health Education Foundation;
	• Rural Advanced Specialist Training Support; and
	• Support Scheme for Rural Specialists.
Outcome 13	Improving Access to Primary Care Services in Rural and Remote Areas (COAG)

Outcome 6 Budgeted Expenses and Resources

Table 6.2 provides an overview of the total expenses for Outcome 6 by Program.

Table 6.2: Budgeted Expenses and Resources for Outcome 6

	2009-10 Estimated actual $'000	2010-11 Estimated expenses $'000
Program 6.1: Rural health services		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	175,111	183,289
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	12,724	10,520
Revenues from other sources (s31)	220	230
Unfunded depreciation expense	-	263
Total for Program 6.1	**188,055**	**194,302**
Outcome 6 totals by appropriation type:		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	175,111	183,289
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	12,724	10,520
Revenues from other sources (s31)	220	230
Unfunded depreciation expense	-	263
Total expenses for Outcome 6	**188,055**	**194,302**
	2009-10	**2010-11**
Average staffing level (number)	98	83

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Contributions to Outcome 6

Program 6.1: Rural health services

Program Objective

Through this Program, the Australian Government aims to:

- improve access to health services for people living in rural, regional and remote areas.

To implement the Government's rural health reform agenda, health services will continue to target priority areas, with improvements to specialist, general practice, allied health, and primary and community health services.

Major Activities

Improve access to health services for rural and remote areas

Rural Primary Health Services

To improve access to primary health services for rural and remote communities, and to target services for areas of genuine need, the Australian Government has consolidated and refocused four primary and allied health programs (Regional Health Services, More Allied Health Services, Multi-Purpose Centres and Building Healthy Communities in Remote Australia) into the new Rural Primary Health Services program from 1 January 2010.

This program gives community-based primary health services greater flexibility in the range of services offered, including health promotion and preventative health activities. Funded services are able to determine the mix of services and health professionals that best suit the needs of their communities, while taking into account the wishes of the community and the availability of health professionals. The consolidation reduces overlaps between services by encouraging collaboration, and guidelines have streamlined service delivery planning and reporting arrangements. The guidelines were developed following extensive consultation with service providers. In 2010-11, the Department will work with Rural Primary Health Services to achieve efficient and streamlined services with the right mix of services in each location to meet community need.

The Department acknowledges the challenges associated with the recruitment and retention of a suitable rural and remote health workforce for the delivery of services through this program. In 2010-11, the Department will work with funded organisations to monitor workforce levels and to ensure recruitment and retention strategies are implemented as required.

Rural and remote health outreach services

The Department manages a number of programs supporting health outreach services, including the Medical Specialist Outreach Assistance program, the Royal Flying Doctor Service program, the Visiting Optometrists Scheme and the Rural Women's GP Service. Appropriately directed specialist, GP, allied and primary care outreach services provide communities with access to a range of health professionals closer to home, minimising time consuming and costly travel to larger centres. In 2010-11, the Department will continue to work with funded organisations and communities to ensure that services are targeted to areas of identified need.

In 2010-11, the Department will continue to expand the Medical Specialist Outreach Assistance program through the Indigenous Chronic Disease measure, which is part of the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes. As a part of the Indigenous Chronic Disease measure, multidisciplinary outreach teams were introduced in late 2009-10 to better manage complex and chronic diseases for Indigenous Australians living in rural and remote communities. In 2010-11, multidisciplinary outreach teams comprising medical specialists, GPs and allied health professionals, will focus on providing treatment to rural and remote Indigenous communities with a high prevalence of chronic disease, such as diabetes, cardiovascular disease, chronic respiratory disease, chronic renal disease and cancer.

The Department will work closely with auspicing organisations[5] in 2010-11 to ensure an increased number of services are provided in rural and remote Indigenous communities. Auspicing organisations are responsible for consulting with appropriate stakeholders to identify the health needs of rural and remote Indigenous communities, and are guided by an Advisory Forum and Indigenous Health Partnership Forum in each state and the Northern Territory. The Department will determine the services to support using this consultation process.

The Department recognises there are difficulties in recruiting sufficient numbers of health professionals to participate in outreach programs. To ensure effective implementation, auspicing organisations have been tasked with marketing the program to the medical community and the public, and developing and applying strategies to recruit and retain health professionals.

The Department will implement the Medical Specialist Outreach Assistance program – Maternity Services program as a part of the Maternity Services Reform Package announced in the 2009-10 Budget. Access to antenatal and postnatal services will be improved for women in rural and remote communities by introducing outreach maternity service teams to deliver a greater choice of health care for women and their babies in their local community. Outreach maternity service teams will comprise obstetricians and/or registered midwives, registered maternal and child health nurses, and allied health professionals.

The Medical Specialist Outreach Assistance program will increase the frequency and range of outreach services available in rural and remote communities and improve access to locally available services resulting in less disruption to family life. This will contribute to a reduction in waiting lists, alleviate the pressure on local health professionals, and help improve the viability of existing health services.

In 2010-11, the Department will engage auspicing organisations in each state and the Northern Territory to consult with appropriate stakeholders to identify the maternal health needs of women and their babies in rural and remote locations. The Department will determine service delivery locations based on the consultation outcomes. It is anticipated that recruiting sufficient numbers of midwives to take part in the Maternity Services program will be difficult, given the existing health workforce shortages. To address this, auspicing organisations will undertake targeted recruitment and develop effective retention strategies.

In 2010-11, the Department will expand support for outreach ophthalmology services. Through this expansion, the Department will fund the Australian Society of

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[5] Auspicing organisations are public and non-government organisations that act as fund holders to auspice the service delivery and management aspects of the program.

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Ophthalmologists to work with auspicing organisations to enhance eye health outreach services in rural and remote areas.

The Department will continue to fund the Royal Flying Doctor Service to deliver essential health services to people in rural and remote areas. These health services include primary aero-medical evacuations, primary and community health care clinics, remote consultations including by telephone, and medical chests (pharmaceutical and medical supplies) for remote locations. The Government will support the purchase of two new replacement aero-medical aircraft, which will enhance the capacity of the Royal Flying Doctor Service to deliver emergency aero-medical evacuations and health clinics to rural and remote communities. In 2010-11, the Department will develop a new funding agreement with the Royal Flying Doctor Service for the provision of emergency aero-medical evacuations and health services, effective from 1 July 2011.

The Department will continue to facilitate the travel of female GPs to communities that currently have little or no access to a female GP, through the Rural Women's GP Service. Consultations with a female GP are provided at no cost to the patient. The frequency of female GP visits varies depending on the size and the needs of the community. The Department, through the Royal Flying Doctor Service, will ensure that the Rural Women's GP Service continues to operate in eligible communities. In 2010-11, the Department will be developing a new funding agreement with the Royal Flying Doctor Service for the Rural Women's GP Service, effective from 1 July 2011.

Rural and remote health infrastructure

The Department will continue to fund essential health infrastructure (capital works and/or equipment) in rural and remote communities, and strategic service planning for small rural private hospitals through the National Rural and Remote Health Infrastructure program. The program will improve opportunities for partnerships and multidisciplinary approaches to the delivery of health care in rural and remote communities. This will support the establishment of new, or the enhancement of existing, primary health care facilities.

The program will continue to improve access to a wide range of health services, including privately insurable allied health services and rural private hospital services, and will assist with the recruitment and retention of health professionals in rural and remote communities. In 2010-11, the Department will conduct two funding rounds of the National Rural and Remote Health Infrastructure program.

Rural and remote health stakeholder support

In 2010-11, the Australian Government, through the Department, will streamline its support for six nominated rural health stakeholder organisations, including the National Rural Health Alliance and Rural Doctors Association of Australia. This will enable stakeholder organisations to contribute to the development of better rural and remote health policy and programs. Support for these organisations will be implemented using a single set of criteria and guidelines developed during 2009-10, with consistent funding and reporting arrangements for each organisation. The Government will be able to support organisations that meet its funding criteria. In 2010-11, the Department will work with funded organisations to implement new three year funding agreements and improve administrative efficiency through the introduction of streamlined reporting and accountability requirements.

Implement a national strategic framework for rural and remote health

In 2010-11, the Department, through the Rural Health Standing Committee of the Australian Health Ministers' Advisory Council (AHMAC), will work with state and the Northern Territory health departments to implement the new National Strategic Framework for Rural and Remote Health. The framework will succeed the existing strategic framework *Healthy Horizons: A Framework for Improving the Health of Rural, Regional and Remote Australians Outlook 2003-2007*[6] and will provide opportunities for the Australian Government and state and territory governments to work together to improve access to health services in rural and remote areas. The framework will provide governments with a consistent approach to planning and coordination of rural health services. Rural and remote communities will benefit from reduced duplication and overlap of services, and the framework will also improve cross-border delivery of services. In 2010-11, the Rural Health Standing Committee will seek endorsement of the new framework from AHMAC.

Program 6.1 is linked as follows:

- Medicare Australia (Department of Human Services) to administer rural primary health services under its Delivery of Medical Benefits and Services (Program 1.1).

Program 6.1: Expenses

Table 6.3: Program expenses

	2009-10 Estimated actual $'000	2010-11 Budget $'000	2011-12 Forward year 1 $'000	2012-13 Forward year 2 $'000	2013-14 Forward year 3 $'000
Annual administered expenses					
Ordinary annual services	175,111	183,289	193,235	204,453	208,137
Program support	12,944	11,013	11,169	11,243	11,389
Total Program expenses	**188,055**	**194,302**	**204,404**	**215,696**	**219,526**

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[6] Accessible at: http://nrha.ruralhealth.org.au

Program 6.1: Deliverables

The Department will produce the following 'Deliverables' to achieve the Program Objective.

Table 6.4: Qualitative Deliverables for Program 6.1

Qualitative Deliverables	2010-11 Reference Point or Target
Produce relevant and timely evidence-based policy research	Relevant evidence-based policy research produced in a timely manner
Stakeholders participate in program development through a range of avenues	Stakeholders participated in program development through avenues such as regular consultative committees, conferences, stakeholder engagement forums, surveys, submissions on departmental discussion papers and meetings
Improve access to health services for rural and remote Australians	
New National Strategic Framework for Rural and Remote Health accepted by state and Northern Territory governments	The new National Strategic Framework for Rural and Remote Health is accepted by 31 December 2010

Table 6.5: Quantitative Deliverables for Program 6.1[7]

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
Improve access to health services for rural and remote Australians					
Number of new projects funded annually through the National Rural and Remote Health Infrastructure program	36	36	36	36	36

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[7] The deliverable in the 2009-10 Portfolio Budget Statements relating to the Rural Primary Health Services program has been removed, as all funding agreements will be entered into by 30 June 2010.

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Number of Rural Women's GP Service operation locations	168	170	170	170	170

Program 6.1: Key Performance Indicators

The following 'Key Performance Indicators' measure the impact of the Program.

Table 6.6: Qualitative Key Performance Indicators for Program 6.1

Qualitative Indicators	2010-11 Reference Point or Target
Improve access to health services for rural and remote Australians	
The Rural Primary Health Services program meets the needs of the community	Services delivered through the Rural Primary Health Services program are delivered in line with service delivery plans that reflect current and emerging community need
Provision by funded organisations of ongoing specialist, emergency health care and allied health services in rural and remote communities	Service delivery plans reflect community need
Continued access by people in rural and remote areas to primary aero-medical evacuation services and primary health care services	Service delivery plans for aero-medical evacuation services continue to reflect continued access

Table 6.7: Quantitative Key Performance Indicators for Program 6.1

Quantitative Indicators	2009-10 Revised Budget	2010-11 Budget Target	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Improve access to health services for rural and remote Australians					
Number of communities receiving services through the Rural Primary Health Services program	1,700	1,700	1,700	1,700	1,700
Number of patients attending Royal Flying Doctor Service clinics	38,000	38,000	39,000	39,000	40,000

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Quantitative Indicators	2009-10 Revised Budget	2010-11 Budget Target	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Number of patients seen through the Rural Women's GP service	17,500	17,500	17,500	17,500	17,500
Number of services provided through the Medical Specialist Outreach Assistance program:					
• total number of services (excluding Indigenous services, eye health and maternity services)[8]	1,400	1,400	1,400	1,400	1,400
• number of multidisciplinary outreach team services provided through the Indigenous Chronic Disease Measure	10	199	494	645	678
• number of outreach maternity team services provided through the Maternity Services measure[9]	N/A	59	100	153	172
• number of ophthalmology services provided through the Medical Specialist Outreach Assistance program	N/A	≤ 75	100	120	135

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[8] The estimates from the 2009-10 Portfolio Budget Statements have been adjusted in 2010-11 to reflect a change in the way services are counted: telemedicine services are now counted on a per session basis, rather than an hourly basis, to more accurately align with other (non-telemedicine) services.

[9] Services commence in 2010-11.