

Regional Australia Institute Regions Rising Webinar A Healthy Approach to Economic Recovery

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*The National Rural Health Alliance is the peak body for rural and remote health in Australia,
representing 44 member organisations*



The initial government response

- Establishment of GP-led respiratory clinics, including in rural, regional and remote areas (up to 100 funded by the Federal Government)
- More recently, established 1 GP-led clinic/85,000 people – better than in metro
- Biosecurity declaration 2020 was made under the Biosecurity Act 2015 that came into force on 18 March 2020.
- Travel restrictions to and from remote Aboriginal and Torres Strait Islander communities to protect the health of the communities



Telehealth vs face to face consultations during COVID

Rural and remote patients

Advantages of Telehealth

- Felt safer – issues with sitting in surgeries
- Increased accessibility to healthcare – 70% specialist (950 respondents) stated patients more likely to keep their telehealth appointments
- No need for transport to clinics – cost and time saved
- Rural patients consulted close to their home – some may not get care if not for telehealth
- More frequent and shorter consultations

Advantages of Face to Face

- Better for assessment, examination and patient rapport
- Easier for patients with cognitive impairment, hearing and sight impediments, language barriers
- Superior quality of care

Telehealth vs face to face consultations during COVID

Rural and remote patients

Disadvantages of Telehealth

- 28% of sample in CCC survey found telehealth could be difficult to use – technology or internet/phone
- Video-conferencing more challenging than teleconference for patients, especially elderly – lack of familiarity
- Many Indigenous patients did not like telehealth or phone calls according to RACP survey

Challenges of Face to Face

- Of 729 respondents in CCC survey, 52% avoided or delayed a medical appointment
- 23% concerned about breaking lockdown rules
- Some health services not offering F2F services
- Travel restrictions for some living in remote areas – no crossing borders
- Patients did not want to be a burden



Quality and equity considerations for rural Australia

- Poor connectivity in many parts of rural, regional and remote Australia – for both the patient and the provider
- Video-conferencing considered better for assessments and examinations, which requires good bandwidth
- Affordability of good internet for those in rural Australia can be an issue
- New MBS items for multi-disciplinary team meetings using videoconferencing could be very helpful for more coordinated care



Considering digital health literacy

- Significant differences in digital inclusion persist between urban and RRR areas*
- Barriers include connectivity issues but there are other compounding issues in rural and regional Australia
- Need for programs to improve digital health literacy among consumers but also health professionals in RRR areas

* Australian Digital Inclusion Index 2018 and 2019

COVID-19 – Rural and Regional Impacts

- Differential impact on rural and regional Australia – for example - regions relying on international tourism badly affected.
- Border region challenges – access to health care significantly impacted.
- Longstanding critical shortages of health workers in rural and regional areas exacerbated by the pandemic. (Difficulties in back-filling for staff illness or quarantine requirements.)
- Supply chain issues from national and international movement restrictions.
- Food security challenges exacerbated for very remote communities including remote Aboriginal and Torres Strait Islander communities to protect the health of the communities

Recovery in the regions

- Clear link between poverty, financial distress and poor health outcomes, including mental health.
- Economic safety net critical to ensuring people are not living in poverty and can spend at levels to stimulate the economy.
- Stimulus investment should not forget rural and regional Australia.
- Should not just focus on infrastructure – should also focus on investing in people.



Recovery in the regions

- Economic analysis* has indicated that industries such as health and education have much higher direct employment effects per million dollars of spending.
- Governments should be investing in the health workforce in disadvantaged regions with dual benefits:
 - stimulating economic recovery
 - addressing workforce shortages
- Concerns regarding pipeline of health care workers due to challenges of organising placements, supervision and pressures on universities.

* The Australia Institute <https://www.tai.org.au/content/design-principles-fiscal-policy-pandemic>



More information?



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