

# 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

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- 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?



<https://www.ruralhealth.org.au/>



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