



Centre for Research Excellence  
in Medical Workforce Dynamics

Medicine in Australia: Balancing Employment and Life (MABEL)

# Planning integrated outreach: Service patterns from metropolitan & rural hubs

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# Background



- Regular travel to provide health services
- Evidence it works
- 1 in 5 specialists participate
- Geographic patterns – case studies
- How are services distributed?
  - Outer regional/remote distribution
  - Models of outreach e.g. fly-in, fly-out
  - Difference between metropolitan/rural

# Methods

- MABEL:
  - 902 specialists providing 1401 rural outreach services
  - 5 models of outreach
    1. **Drive-in, drive-out** - convenient
    2. **Hub and spoke** – regionally coordinated
    3. **Fly-in, fly-out** – out and back, long distance
    4. **Multiple distant** – long distance > 1 location
    5. **Mixed** – a bit of both
  - Specialists living in metro/rural locations (ASGC-RA)

# How far do services go?

- 42% to outer regional/remote
- Associated with rural specialists
  - Visit more communities
  - Outer-regional /remote
- Metro – 2/3 of all specialists outreaching
  - Boost overall number services (58% all outer regional/remote services)



# Prevalence of models?

- Most services fit three models:
  - Drive in, drive-out (42%)
  - Hub and spoke (20%)
  - Fly-in, fly-out (19%)
- Metro
  - Provide most drive-in, drive-out services (74%)
  - More likely fly-in, fly-out (OR 4.15, 2.32-7.42)
  - Less likely hub and spoke (OR 0.31, 0.21-0.46)



# What does this mean?

- Service reach to outer regional/ remote
  - Both metro and rural important
- Specialists work differently from metro/rural:
- Metro
  - Bypass regional boundaries **or**
  - Visit nearby convenient location
- Rural
  - More likely service towns in the region
  - But only 15% specialists live in rural areas

# Policy implications –3 key things

## Acknowledge this is complex!

1. Managing metro outreach
  - Choose service locations carefully
  - Regular, predictable visiting
  - Use local referral networks
  - Support local staff between visits
  - Encourage to visit more communities
2. Managing rural outreach
  - Increase the number of rural specialists
3. Ensuring metro and rural work together



# Recommendations

- Formal planning (national, state, local)
  - The role of outreach
  - The contribution of rural-based services
  - Where metropolitan services needed
- Manage risks and benefit of different models
- Develop a live register of what's coming and going
- Coordinator roles:
  - Services distributed where needed
  - Link local specialists with outreach specialists
  - Adapt service profile (up/down scale)

