

Implementing, sustaining and generalising exemplary primary health care models in rural and remote Australia: a case study analysis

John Wakerman¹, John Humphreys², Robert Wells³, Pim Kuipers¹, Philip Entwistle¹, Judith Jones², Leigh Insman²

¹Centre for Remote Health, ²Monash School of Rural Health, ³ANU

Many isolated rural and remote communities are too small to support traditional models of health delivery locally. Ensuring access to sustainable and appropriate services is critical to the very sustainability of these communities. However, there is a lack of empirical data about the causes of implementation failure with respect to rural health policy, sustainability of rural primary health care (PHC) services and generalisation of successful programs.

The aim of this study was to explore and describe the factors and processes that facilitate and inhibit the implementation, sustainability and generalisation of exemplary models of PHC service delivery in rural and remote Australia.

We utilised a case study approach. From our previous systematic review of models of PHC, we selected six examples of successful PHC models and carried out 52 interviews with 55 interviewees. They included funders; state/Commonwealth health authorities; auspicing bodies; general practitioners and other service delivery staff; consumers; and relevant professional groups.

Key findings included:

- Sustainability was related to systemically and systematically addressing issues relating to: policy, community involvement, workforce, funding, governance, management and leadership, linkages within and without the services, and infrastructure.
- Health services management emerged as a priority issue, as did governance and leadership. Improved management and governance training were needed. Leadership was important at all levels: political, professional and community.
- Workforce supply remains a key issue, but was de-emphasised by a number of informants when the other 'essential requirements' were systematically addressed. Good management with a focus on effective human resources practices, which included well thought through recruitment strategies and retention packages, reduced the threat of workforce supply.
- Community involvement was significant in the initiation and sustainability of all of the services. Different mechanisms of community participation were appropriate to different contexts. Funding is required to support community participation in service planning and development, community consultation and ongoing community involvement or, in some instances, control.
- Political priorities change over time. At the time of the study there was a perception that 'rural health' was not a problem, at least politically. Additionally, Commonwealth–state relations were a complex and fraught area. A pattern of Commonwealth funding being utilised to overcome state underservicing and fear of cost-shifting highlighted the need for a national rural and remote health policy and plan to guide the further development of health services in order to decrease health status differentials between cities and the bush.

Presenter

John Wakerman Professor John Wakerman is the Inaugural Director of the Centre for Remote Health, a Joint Centre of Flinders University and Charles Darwin University, in Alice Springs. He is a public health medicine specialist and general practitioner, with a long background in remote primary health care services as a medical practitioner, senior manager, researcher and active advocate for rural and remote health issues. He has specific academic interests in remote health services research and health management education.