Travel-related barriers to rural and remote patients accessing specialist care

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Aims: This study, to be undertaken by the Townsville–Mackay Medicare Local (TMML), aims to explore the outcomes when people are referred by their rural GP to a specialist in a larger regional centre—whether they attend, what it costs them, and the reasons they don’t attend. It will also gauge their acceptance of alternative approaches such as telemedicine. The study will be completed between November 2012 and March 2013—ethical approval has been sought from the James Cook University Human Research Ethics Committee.

Methods: Rural general practices will be recruited based on being located at least one hour by road from either Mackay or Townsville. They will compile a prospective list of patients referred for non-emergency diagnostic or specialist health care over a four-week period.

Two months later, the practice will send a semi-structured questionnaire to these people with questions about type of specialist, travel and accommodation, costs incurred, reasons for non-attendance, and their attitude to telemedicine. The proportion of referrals completed will be calculated from the returned questionnaires plus data supplied from the practices.

The questionnaires will be analysed using frequencies, relative risks and thematic analysis of comments, with stratification by location, age, type of specialist and working status.

Relevance: The data will enable TMML to address barriers to specialist access, and advocate for better travel support for rural and remote communities. It will also inform TMML’s telehealth initiative.

Results: Results will be presented at the 2013 National Rural Health Conference.

Conclusion: Medicare Locals are tasked with improving access to health care, and ensuring care is well integrated, equitable and efficient. Understanding the impact of specialist referrals on the consumer will assist with the re-design of services for rural and remote communities.