The impact of the Medical Specialist Outreach Assistance Program on improved access to specialist services for regional and remote Australia

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People living in rural and remote populations tend to have poorer health care status, and thus have higher health care needs. However, they have less access to health care services, including specialist medical care and optometry. The Medical Specialist Outreach Assistance Program (MSOAP) and the Visiting Optometrists Scheme (VOS) were established to address these issues. This paper reports on the results of a national evaluation of MSOAP and VOS undertaken in 2011, with a specific focus on estimates of the impact of MSOAP on access to specialist care.

The national evaluation had a broader set of aims including to assess effectiveness, efficiency and equity impacts of the programs, identify opportunities for improving coordination and streamlining of administration, and examine the potential impact of health reform for both programs.

Evidence for the evaluation was gathered through:

• reviewing of program documentation and literature
• analysis of program and other data
• interviews with stakeholders across Australia
• reviews of written submissions from stakeholders
• a survey of clinical service providers supported through MSOAP or VOS
• case studies of eight localities across Australia.

The evaluation concluded that MSOAP is having a material impact on access to specialist services for rural and remote Australia. Overall, it is estimated that MSOAP has reduced the gap in access to specialist service between major cities and rural and remote Australia by 0.4–0.7 percentage points for inner regional areas, 1.9–2.9 percentage points for outer regional, 2.0–2.9 percentage points for remote and 9.0–13.8 percentage points for very remote. In addition to improving access, the program has other benefits, such as maintaining continuity of care and promoting shared care between primary and specialist providers.

Conceptually, alternatives to outreach care include patient-assisted travel, telemedicine and ‘primary care only’ care. In practice these modalities are not direct substitutes, and there is a mix of approaches for improving access is feasible. It was concluded that, in general, outreach specialist care represented a cost effective alternative to patient-assisted travel. The impact of the program on health status could not be assessed.