

The economics of delivering primary health care in rural and underserved areas—what works?

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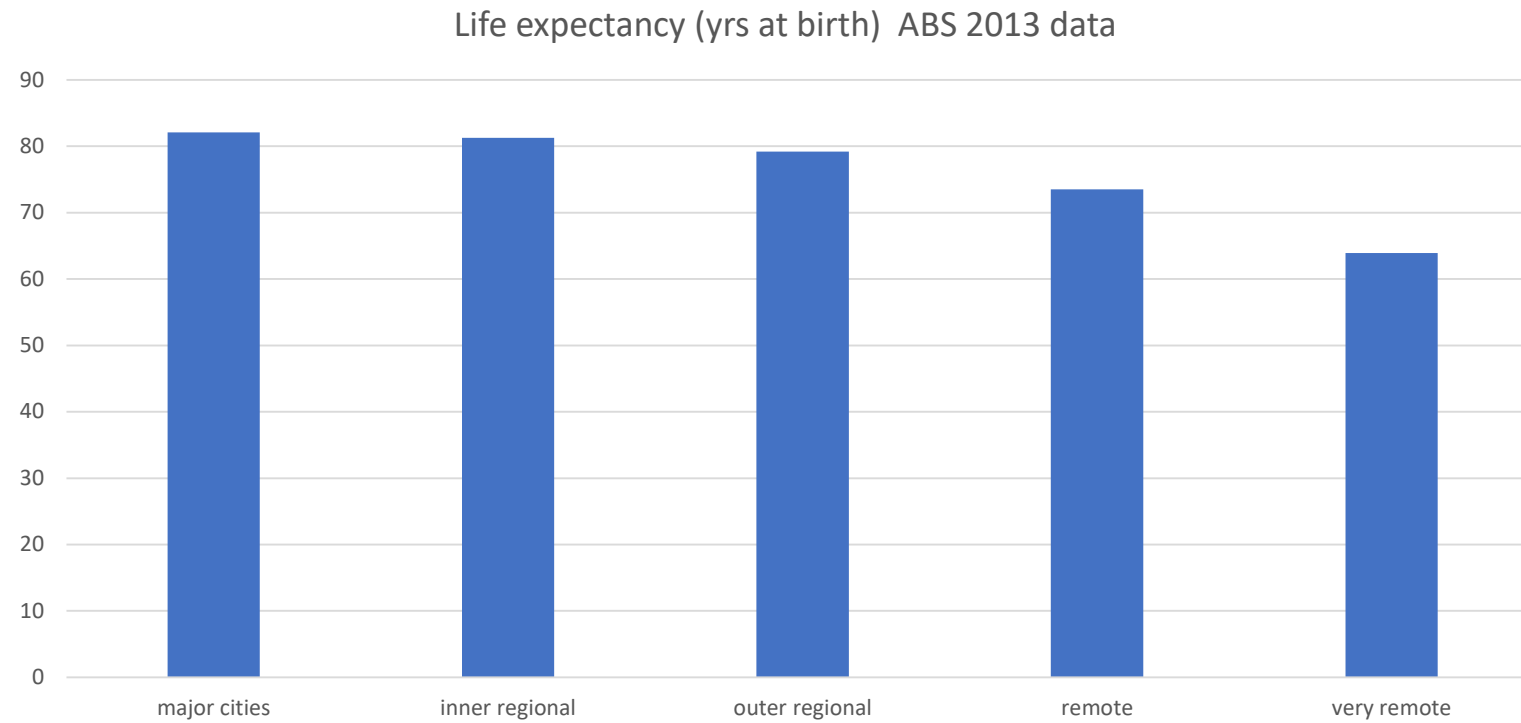
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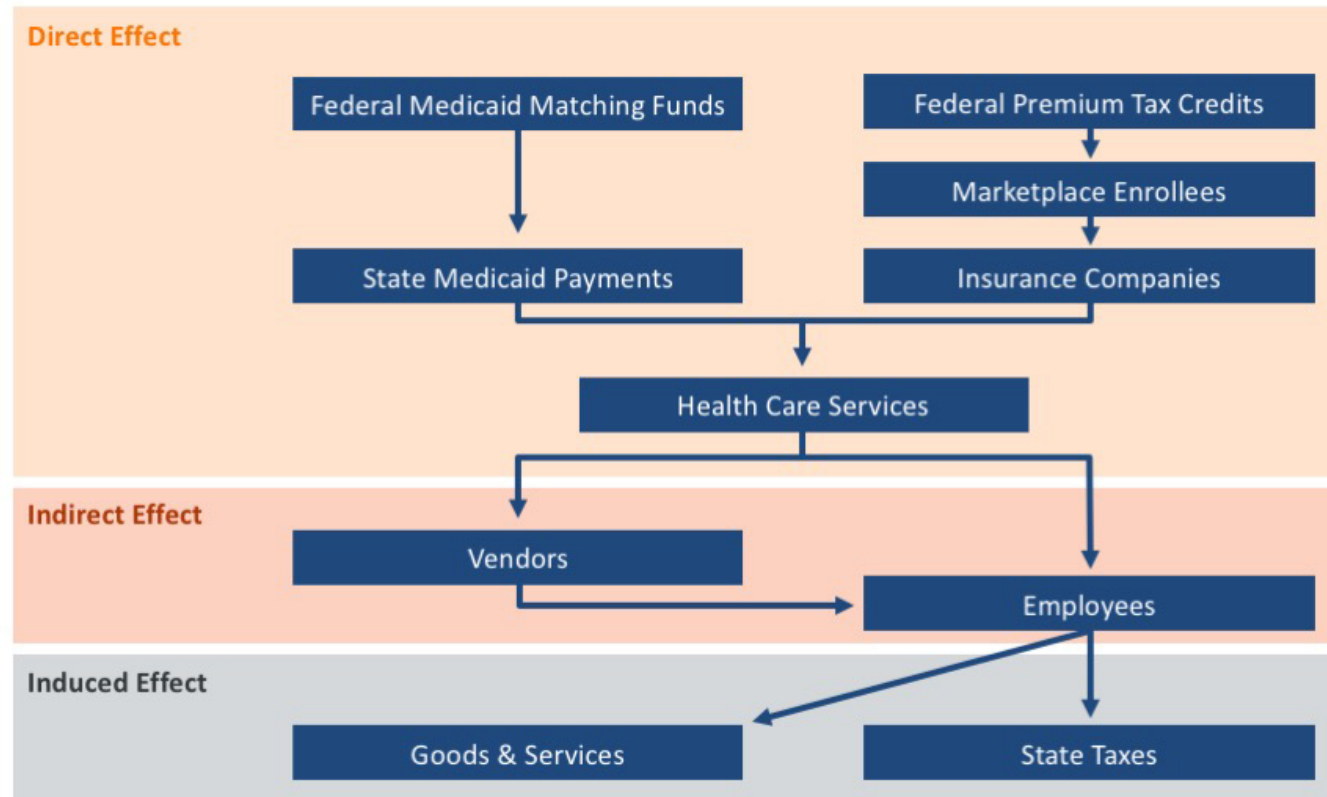
Life expectancy in rural and remote Australia



The impact of healthcare funding on local economies – US example

Exhibit 1

How Federal Health Funding Flows Through State Economies



What is the economic impact of ACCHOs?



The cost-effectiveness of primary care for Indigenous Australians with diabetes living in remote Northern Territory communities

Thomas, Zhao, Gutheridge, Wakerman. Med J Aust 2014; 200 (11): 658-662.

	Low level 0-1 primary care visits/yr	Medium level 2-11 primary care visits/yr	High level 12 + primary care visits/yr
Hospitalisations per person	5.0	1.1	1.0
Avoidable hospitalisations per person	2.69	0.64	0.54
Deaths / 100 people	3.23	0.99	0.80
Savings in hospital costs for every \$1 invested in primary care	-	\$12.90	\$4.20

APHCRI work on primary health care – now languishing

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EXPLORER ANU » A-Z INDEX »

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Centre of Excellence for accessible and equitable primary health care service provision in rural and remote Australia

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What core primary health care services should be available to Australians living in rural and remote areas?

Thomas, Wakerman, Humphreys. BMC Family Practice 2014; 15: 143

- Care of sick and injured (incl emergency care)
- Mental health / social and emotional wellbeing / drug & alcohol treatment
- Maternal and child health
- Allied health (counselling, social work, family violence, aged care & disability services)
- Sexual and reproductive health
- Rehabilitation (after trauma, post stroke, alcohol & drugs)
- Oral / dental health
- Public health / illness prevention

What core primary health care services should be available to Australians living in rural and remote areas?

Thomas, Wakerman, Humphreys. BMC Family Practice 2014; 15: 143

Support functions:

- Management / governance / leadership
- Coordination (hospital liaison)
- Health infrastructure
- Data systems (health records, registers, data collection, quality)
- Professional development (training, support, MDT practice)
- Community participation

How do small rural primary health care services sustain themselves in a constantly changing health system environment?

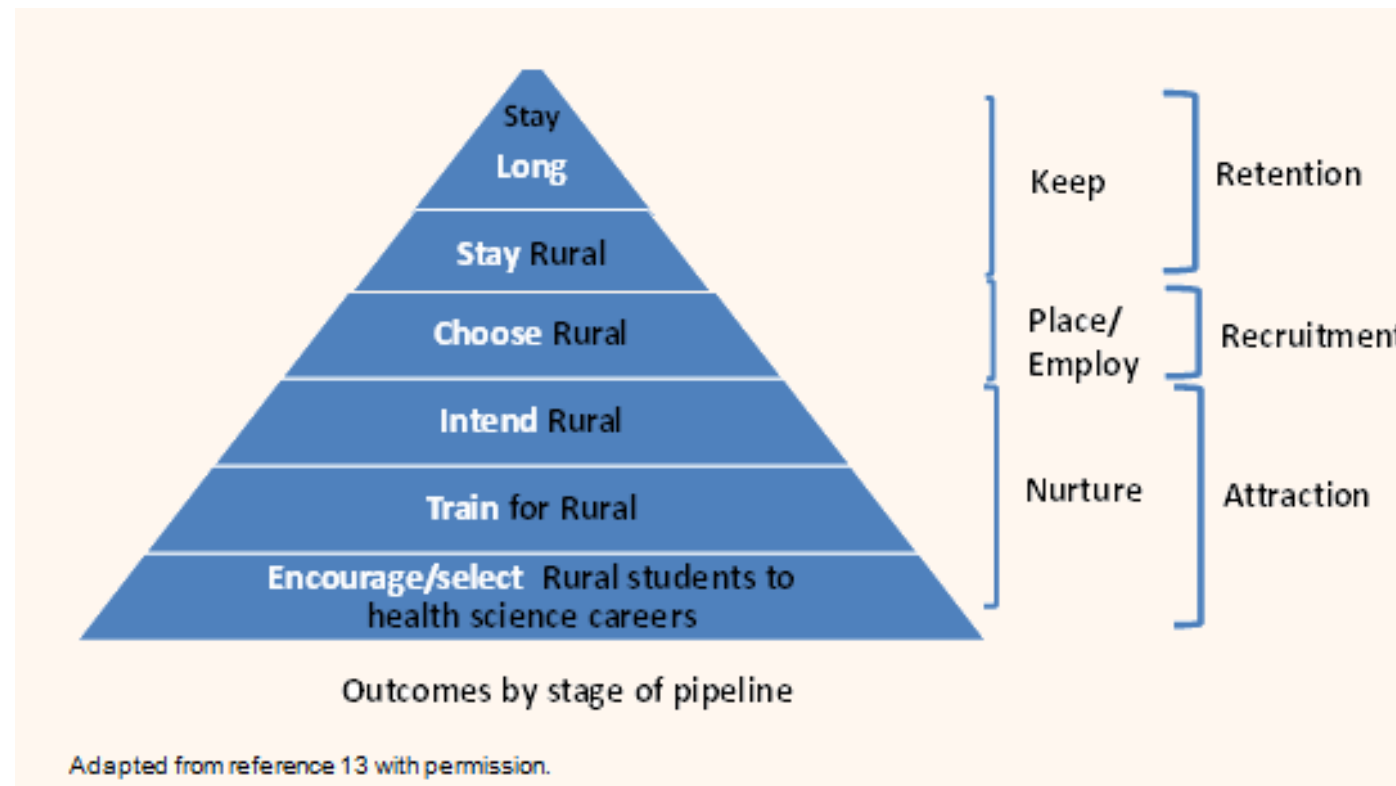
Buykx, Humphreys, Tham et al. BMC Health Services Research 2012; 12:81

Key elements for success:


- Community engagement
- Strong leadership and committed champions
- Strategic relationship building
- Health services linkages (acute care, aged care, A/H, community nursing, health promotion)
- Succession planning
- Evaluation funding

What role can the rural pipeline play in the recruitment and retention of rural allied health professionals?

Durey, Haigh, Katzenellenbogen. Rural & Remote Health 2015; 15: 3438



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What's needed?

- Recognition that rural and remote communities have varied needs
- Workforce – recruitment, training, retention, flexibility, support
- Technology is important – but it cannot replace people
- Coordination of services – local, regional, with urban centres
- Benchmarking best practice
- Community involvement
- Mine the archives, tell the stories
- Government leadership, long-term commitment, budget transparency
- Spend money to save money

