

24-27 MARCH 2019 Hotel Grand Chancellor Hobart, Tasmania



Pop-up women's health service for rural and remote communities

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True Relationships and Reproductive Health

Abstract

Many rural and remote Qld communities have no women's health services providing consultations across areas such as cervical screening, complex contraception, and management of gynaecological and sexual health issues. Problems can be complex and the need for confidentiality very high. Many women need to travel over 1000km to see a clinician for a consultation and for subsequent treatment.

True Relationships and Reproductive Health (True), a specialist in reproductive and sexual health services (RSH), supported by CheckUp Australia and the Department of Health, has implemented a Women's health Service for Queensland's rural and remote communities where no such service exists.^{1,2}

Background

Rural Health models of care and referral pathways vary significantly from metropolitan regions with limited access to primary health let alone any access to secondary or tertiary health services.^{2,3} In many rural and remote regions there are limited GP services and often there are no female GPs in the community. As a result there are many instances where women and men will not attend to preventative health issues or even acute illness.^{3,4} Frequently chronic diseases are also not well managed thus increasing the prevalence of complications.^{5,6}

Occasional visiting specialist services are often ad hoc and not well integrated with the community. Ongoing management or follow up is not as frequent as is warranted. Access to specialist services often requires travel to a major regional city or even the state capital city with distances of over 1000km or a week away from home often cited.^{3,4}

About True

True was founded over 45 years ago to provide expert reproductive and sexual health services to women. This focus has enabled us to remain at the leading edge of clinical practice and we are the state's largest provider of long-acting, reversible contraception (LARC), the most effective form of contraception in typical use.

Beyond its clinics, True is highly respected as a provider of professional development for doctors and nurses. It also provides workforce development for many other sectors, reaching teachers, early childcare workers, youth and social workers, allied health professionals and support workers in the disability sector.

Local understanding is a key attribute of our organisation, and supports the Department of Health assessment that not all communities are homogenous.⁴ We operate from seven regional centres (five clinic and education centres and two additional education outlets) and adapt our approach to the unique needs of the community. This is true of all our work, including our relationships and sexuality education programs, our award-winning child safety programs and counselling for people who have experienced sexual abuse.⁷

Reproductive and sexual health services

Reproductive and sexual health services include preventive and therapeutic health services, such as contraception including complex procedural contraception, pregnancy planning and fertility management, antenatal and postnatal care, menopause management, management of gynaecological issues such as uterine prolapse or endometriosis and hormonal issues such as Polycystic ovarian syndrome, cancer screening including cervical screening and diagnostic colposcopy, STI testing and treatment, breast health management and treatment, and other services across areas such as medical termination of pregnancy, gender transition, sex and aging, sexual dysfunction, and comprehensive relationships and sexuality education.

Reproductive and sexual health services are specialised and important to support individuals to maintain healthy lifestyles. Significantly, these services often involve intimate examinations and counselling which requires confidentiality. In rural communities the close relationships frequently forged can make it difficult for individuals to undertake the confidential discussions, investigations or treatment with local GPs who may be friends.⁴

Specifically many rural and remote Qld communities have no women's health services providing specialised consultations.^{3,6} Problems can be complex and the individual's desire for confidentiality very high, thus women will generally have to travel to see a clinician.^{3,4} In many cases in Queensland, women will need to travel over 1000km to see a clinician for a consultation and again for subsequent treatment.

Community impact from lack of RSH services

As a result of the distance to travel to a major city for RSH services and subsequent return journeys for follow up, there are many cases where services are just not sought.^{3,4} The time required away from home in combination with the cost of such trips is also a reason rural and remote clients will not travel for specialist appointments.^{3,4}

Where RSH services are not available the prevalence of unintended pregnancy, acute and chronic diseases and mental health challenges are increased. ^{4,5,6} Community outcomes may include negative economic impacts through lost time from work and social and family dysfunction. ⁴

Challenges to delivering remote RSH services

Remote locations often lack the infrastructure and clinic facilities to support more complex procedures. In addition clinical consumables have to be especially shipped in. Calibration of equipment can also be problematic particularly if the equipment is to be shipped in to enable specific service delivery.

Radiology, pathology and pharmaceutical services either have to be negotiated with local service providers, where available, or procured remotely from other regional occasions in some situations. Follow up emergency management needs to be available within the community following some procedures, where required to align with standard clinical guidelines. As a result effective referral pathways into acute care are needed if such services are to be delivered.

Clinical records management necessitates systems which will support sound clinical practice guidelines and privacy. Patient confidentiality within the local community may necessitate ongoing clinical management from afar, including pathology management and drug dispensing.⁴

In addition clinicians will need to travel long distances to rural communities which requires sound planning to ensure their safety and wellbeing. Economic considerations such as clinicians' paid travel time, as well as travel and accommodation costs are significant.

Infrastructure challenges, clinic facilities and equipment, referral pathways for emergency management, staff fatigue and economic considerations can impact the likely sustainability of a remote RSH service.

Designing a sustainable programme

When considering the overall complexity of delivering a sustainable remote RSH service, it may appear insurmountable. Certainly the rural health organisation advocates for place based approaches to meet community needs. ⁵ True Relationships and Reproductive Health (True), a specialist in reproductive and sexual services, supported by CheckUp Australia² and the Department of Health's Rural Health Outreach Fund¹, has implemented a Women's health Service for Queensland's rural and remote communities where no such service exists. ⁷ The Rural Health Outreach Fund (RHOF) aims to improve access to medical specialists, GPs, allied and other health providers in rural, regional and remote areas of Australia.¹ True has a non-competition policy so will not deliver services into communities that already have a service in place.

Orientation visits and community engagement

Determining community need and willingness to support pop-up service is the first part of the assessment and this work is conducted in conjunction with CheckUp Australia, the Rural Health Outreach fund holder for Queensland.¹

A visit by True's senior leaders to meet with the community health providers in each location ensures the support from local clinicians, pharmacists, and pathology and radiology providers to partner with True. Such agreements enable referrals into the service or partners to deliver adjunct services. This will generally also enable the identification of a suitable premise to undertake the clinic, which in most cases is within the rural hospital or a community health centre. Clinicians' undertaking an assessment of the clinical facility for suitability is the nest step and frequently consultation beds are old and not adjustable nor suitable for gynaecological procedures. In some cases local funding has been achieved to update the beds. An audit of equipment and consumable requirements is undertaken to determine gaps with True supplying and shipping in the additional items.

Facilities agreements

At this point an agreement is negotiated to confirm access and responsibility of each party. True has negotiated the facility access free of charge in return for offering the new service in the rural town. Generally True will negotiate with the facility site to undertake to provide administration support including a booking service for the clinics.

Clinical governance processes, duty of care responsibilities and clinical reports are included in the agreement.

Staff safety and wellbeing

While True staff are eager to participate in providing rural and remote pop-up clinics, True has taken significant care with staff safety and wellbeing relative to their involvement. True's rural and remote travel procedure includes significant checks in both preparing and undertaking travel as well as a check-in process to ensure destinations are reached at each point. Generally clinics occur on a circuit base with a number of towns visited in each circuit. Travel is undertaken by charter flights, commercial flights and self-drive hired 4WD vehicles. Clinicians do not travel alone but always as a Nurse and Doctor team.

Logistics planning and management

True has included the logistics planning and management within an administration role based in our Cairns office. The person undertaking this role is pivotal to the coordination and monitors weather events and ensures safe access to sites. The role also coordinates the scheduling of clinicians for the pop-up clinics with each of True's five clinics which are located in Windsor, Brisbane; Ipswich; Toowoomba; Rockhampton and Cairns. The True clinic arranges back up or rescheduling for their local clientele, while their clinicians are travelling. On occasion the nurse and doctor will come from different clinics, which is positive as enables cross skilling between clinical staff. This role also oversees filing of reports after each pop-up clinical visit and coordinates payments and reimbursements for accommodation and travel.

Customised RSH Clinical Services per community

In each community, consideration of particular gaps in service or health demographics may influence both the services undertaken and the clinicians who will attend.⁴ True employs GPs with specialist training in RSH, Obstetricians & Gynaecologists and Sexual Health Physicians as well as Nurse Practitioners, Midwives, Advanced Sexual Health Nurses and allied health staff. Whilst the pop-up clinics are staffed by a doctor and nurse team; regions may receive more specialised staff scheduled for the pop-up service where there is a specific need. For example regions with high antenatal care requirements will mean a midwife may be scheduled for the visit, while regions with complex gynaecology requirements will see a specialist scheduled for the visit. In this manner True attempts to customise the service to best match to the community need. True also aims to ensure the same clinicians attend the community for each of the scheduled visits enabling local rapport and client familiarity with True providers.

Funding

The funding model means that True must develop strong customer engagement and community support as no funding for salaries is provided. Instead the Rural Health Outreach Programme provides support for accommodation, travel and community engagement as well as clinical consumables.¹ Local facilities are provided for free. True bulk bills clients under Medicare for the services. If there are not enough clients accessing the service then True would need to withdraw its service as it would not be able to support clinician salaries. To date service demand is only increasing with every clinic booked out and additional clinical sessions being added to cope with demand. True's underlying infrastructure supports clinical governance, clinical systems, quality accreditation, administration and overheads. The service is easily scalable where there is adequate demand.

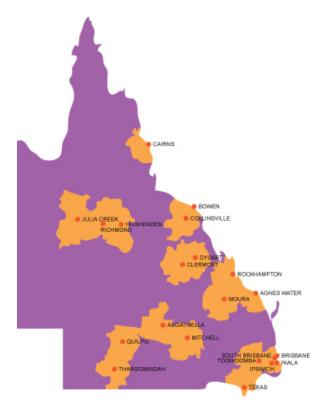
Community engagement and Clinical Education

True engages with the local clinicians on each visit and will arrange education sessions where there is a need. Upskilling both in theoretical knowledge and clinical skills is offered where requested in

areas such as contraception, menopause, gynaecological and hormonal issues, STIs and cervical screening. In this manner capacity building in the local community is important to enable referral pathways and emergency follow up should this be required; as well as developing local service providers if possible.

Outcomes

From commencement of just six pop-up clinics True is now providing Pop Up services to fourteen rural and remote communities across Queensland.⁸ True's metropolitan clinics and rural and remote pop-ups, are now within one hour's drive of 74% of Queensland's population.⁸



Community support has been phenomenal with one community fundraising to ensure all equipment needs were met in the local clinic. Appointment scheduling is supported at the local level and True's clinics are always booked out well ahead of the visits.

Clients appreciate the confidentiality which the service provides, while still being delivered locally. Clients report that they now undertake these important health checks, which in the past had been neglected due to the travel and costs involved and to the lack of female clinicians.

Services provided

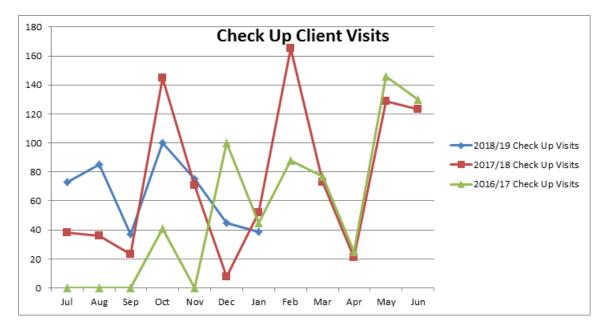
True has focussed on delivering the services most needed by the community. Our pop-up clinics have also developed referral pathways both within and external to the local community. Prior to True working within these pop-up locations, these services were not available, and thus were either not accessed at all or significant time and travel was involved to reach service providers.

Since October 2016		Principal servi	Principal service provided	
Visits	2,104	Contraception	14.45%	
Clients	1,116	• STI	0.71%	
 Services 	3,726	 Gynaecologica 	ll 71.44%	
 Referrals (out) 	2,098	 Pregnancy 	1.09%	
 Treatments 	2,135	• Other	12.02%	
 Diagnoses 	2,101	 Unknown 	0.29%	
 Postcodes 	49	• Total	100%	

Client numbers

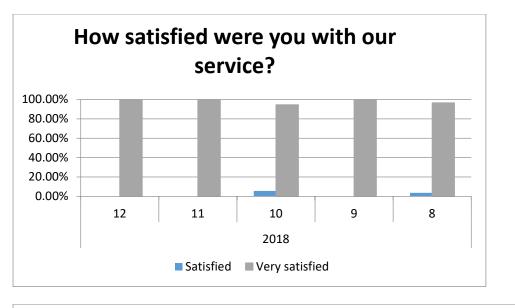
In 2016-2017, 652 clients attended True's rural pop-up clinics. This grew to 884 in 2018/19, and True is on target to provide clinical services to over 900 clients in 2018/19, across its fourteen pop-up clinics.⁸ It is anticipated that this will increase further given there are three additional communities now seeking True to undertake pop-up clinics.

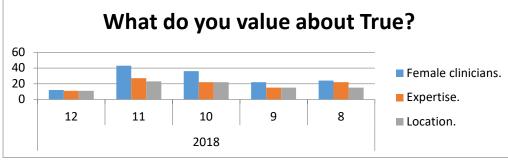
Weather events can lead to a pop-up clinic being rescheduled or cancelled. Unfortunately this has occurred in 2019 due to cyclones and major floods across Queensland. True works hard to reschedule the clinics within a reasonable timeframe once access is possible.



Client feedback

99.44 to 100% True's rural and remote pop-up clients over the period form August to December 2018 report being very satisfied with the service. The remainder were satisfied. Female clinicians, location of services and expertise were the most valued components of True's service.





Comments from clients substantiate the rationale True has for delivering the pop-up clinics. Examples of some client feedback follow:

- We have no lady doctors in our area so we really appreciate you coming out here. Thank you for all the time you took to change my IUD. It has saved me having to go to Roma
- We are lucky to have the service visit Quilpie and the staff are excellent.
- The Service that I have received today was outstanding , and very professional, thanks so much . It was so great not having to have to travel to the city. Would highly recommend this team , again great Job.
- I feel that we need this sort of service in the country especially for women as we are limited with our doctor services and have no one to discuss these matters with
- It was so beneficial having a female doctor come to our remote location. Someone relatable and makes you comfortable. Thank you

Conclusion

True's pop-up clinical model has proved to be cost effective, sustainable service with ~100% of clients reporting that they are highly satisfied with the service.

The health benefits of proactive management mean that chronic disease can be prevented and less ill health days reported. Delivering a service into a local community overcomes reported barriers and

ensures access to appropriate care for community members. Naturally, this supports the wellbeing and economic benefit for both the community and the individual.

True supports the recommendations of the National Rural Health Alliance and recommends to Department of Health, Australia to increase support for specialised health organisations to provide innovative sustainable place – based approaches for the delivery of clinical services, which will meet local community need and both support and build the skills of local primary health providers.

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Presenters

Alice Evans is an experienced executive having worked in the health and health technologies sector as a board chair, CEO, physiotherapist and manager. She is currently CEO of True Relationships and Reproductive Health (True) and is also a Director of Curae Technology and FPAA and prior Chair of Cardihab. Alice has also worked as a leader in the mining sector, where she was an executive Director and General Manager for GroundProbe, which delivers safety systems globally. Alice consults to the University of Queensland Business School as an Industry Lecturer. Alice was awarded an MBA from the University of Qld in 2012, winning the Director's Award for Leadership and the Academic excellence prize highlighting her ability to take theoretical concepts and apply these to business. In addition Alice holds a Bachelor of Physiotherapy (B. Phyt); Graduate Certificate of Executive Leadership (GCEL), and is a graduate of the Australian Institute of Company Directors (GAICD). In 2016 Alice was awarded the MBA Alumni Ambassador Prize recognising her business and community leadership. Alice is frequently called upon to deliver addresses for peak bodies on organisational transformation, strategy and cross-cultural negotiation.

Sharon Stokell started in administration over 30 years ago and has worked in a diverse range of work environments, including hospitals, general practice, allied health roles, and now for True as the Business Manager of Clinical Services and Operations. This is a role that has grown significantly over the last three years and Sharon finds her passion for a challenge, and the daily utilisation of her management and counselling skills the reasons she enjoys this work in the not-for-profit sector. Sharon's background is economics, business and practice management, psychology and mental health and her work has taken her across the state. Apart from her work at True, she also has a successful private psychology and mental health practice in Toowoomba. This client work continues to feed her drive to help others with the stressors that are experienced across all facets of the lifespan. Many areas she counsels in also correlate with the reproductive and sexual health work that True undertakes in the clinical setting. Sharon thrives on a challenge and is very lucky to be a part of the amazing team at True who constantly challenge, support and drive her to do better each day.