Remote area health—across borders and beyond traditional models of service delivery: a new medical service model for Shark Bay

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Silver Chain is a non sectarian, not for profit health provider in Western Australia with a history of over 100 years providing nursing services to isolated and urban communities in Western Australia.

Every year Silver Chain provides care to over 40 000 people making a difference in their lives, and assisting them to live independently in their homes.

Silver Chain’s Remote Service consists of eleven remote area health facilities, formerly known as Nursing Posts. These Nursing Posts over time have expanded the type and model of services provided in the bush and are today more aptly referred to as Remote Health Centres.

One such service is our Shark Bay centre. Shark Bay is a unique area of some 25 000 square kilometres. It is located on a peninsula midway along the WA coast and is aptly named Shark Bay due to the prolific presence of a number of Shark species. It also has World Heritage status and is a tourism Mecca for recreational fishermen and dolphin lovers. You may have heard of Monkey Mia where dolphins swim close into shore playing in the shallows and showing off to tourists from all over the world.

In June 2006 a joint agreement between Silver Chain’s Shark Bay health service, Midwest Aero Medical Service and the Shire of Shark Bay was initiated to trial an alternative medical service to this small isolated community.

For about twenty five years, RFDS funded clinics have been visiting the area on a twice weekly basis providing a six hour doctor clinic with manpower from the pool of salaried doctors at the Carnarvon Regional Hospital over 300km north of Shark Bay.

This service by Remote access standards has been very satisfactory but increasingly of late, the service has been buckling under the strain of doctor workforce shortages; an ever increasing demand for services at the Carnarvon hospital and other outlying communities; and the heavy reliance on Overseas Trained Doctors with varying levels of English language proficiency.

The community at Shark Bay in protest in 2005, launched a partition urging the Gascoyne Health Service, to improve the visiting service at the very least by providing one particular doctor to service the area, so that continuity and consistency of care could be established.

The reported evidence of dissatisfaction with the inconsistencies of the state funded medical service was continually being reflected in Silver Chain’s client satisfaction surveys. Many Shark Bay survey respondents utilised our six monthly surveys to highlight issues about the lack of continuity in their doctor patient relationships. The effect of this dissatisfaction understandably evoked feelings of mistrust and confusion throughout the community about its medical service and the lack of options available to them. The dilemma for Silver Chain, contracted to provide an isolated Nursing service, was that we have no power to alter the structure and arrangements of the state medical services that support many of our sites. This is correctly the domain of the WA Country Health Service.

Over the years, Silver Chain, in Shark Bay fielded complaints about the never ending stream of changing faces, cultural differences and level of skill and experience of the visiting doctors from Carnarvon. Our Loyal Silver Chain Nurses have been unyielding in their support of the visiting doctors, always stressing to the community how fortunate the community is to have a regular medical service whilst many other remote, isolated communities are lucky to see a doctor once or twice a year if at all.

Behind the scenes though, the nursing staff were concerned about the merry go round of investigation, diagnosis and treatment that many unwell patients were experiencing under a very stressed regional medical service.
In the meantime, a very energetic and entrepreneurial doctor by the name of Stuart Adamson having gained a commercial pilots license, introduced a welcome weekly visiting service supporting Silver Chain’s Abrolhos Islands service 70 km off the coast of Geraldton, the Midwest’s regional centre.

Stuart and his practice nurse Di Walton, operating as the Midwest Aero Medical Service, worked their way into the hearts and minds of this isolated Cray fishing community that comes together for four months each year during the frenzy of the Cray fishing Season.

Pretty soon, Stu and Di had became part of the community and many of their patients, on returning to the mainland at the conclusion of their first Season, transferred to Stu’s practice, back on the mainland.

It doesn’t take long to recognise that Stu’s passion for people and medicine is what underpins the trust and belief that patients develop very quickly in the doctor patient relationship with him. When you work around Stu, it’s very hard not to get swept up in his enthusiasm for helping people and his “can do” attitude to life.

When Stu approached me during the 2005 Abrolhos Season, to ask me whether or not I thought his services might be a welcome change for the folks in Shark Bay and a relief for the Carnarvon Hospital’s medical team, I was a little sceptical on several fronts.

How could this Geraldton GP in private practice, deliver a more regular service than the State funded service already in place?

How could a private GP sustain a practice, bulk billing in Shark Bay?

How could he guarantee that his service would keep going if he got sick or was called away to war—because by the way, in his spare time—he is reservist doctor in the Royal Australian Air Force based at the flight school in Pearce, north of Perth?

How long would the passion for doing good, survive the tyranny of distance and aviation fuel costs?

I knew he was providing similar services to inland communities in the Midwest region, at Cue, Mt Magnet, Kirkalocka Mine, Northampton and Morawa—but how did he propose to take his service across the boarder into the Gascoyne region, in a completely different health region and furthermore, how would the Gascoyne Health Service respond?

Of course—he’d done his homework—and responded to my scepticism with ideas and solutions that reflected a sound strategy.

Impressed with his responses—or maybe just swept up in his enthusiasm, I agreed to sit down with him to develop a plan to trial such a service. My main objective was to ensure nothing we did jeopardise the relationships and support of the State funded service from Carnarvon. To do so would bring pressure to bear from the Shire, regarding the management of Shark Bay’s resident health service by Silver Chain. I was well aware, the Shire were extremely sceptical of this private GP and his flashy ideas to improve a service that they truly believe is “as good as it gets”. They were going to take some convincing!

I explained the situation with regard to the Shire’s likely take on all of this to Stu, and made it clear to him that if he wanted my support, there were a few things I’d want in return. Firstly, how would he feel about spending two whole days per week in Shark Bay. In essence—fly in, remain on the ground for 48 hours, providing two full 8 hour clinics on each day? While he was there, how would he feel about his Practice Nurse taking the on-call phone to give my Remote Area Nurses a break midweek? Also, how would he feel about conducting some scheduled “Healthy Lifestyle” group education in the community?

To support all of that, I would provide access to a car whenever he was in town, and free accommodation for the MAMS team whilst in town for the duration of the trial.

He liked the sound of this!
Wanting to do better than that though, he then proposed that he could provide in-service education for the nursing staff—(by the way—he’s a WA GP Education and Training supervisor and regional training advisor very much involved in training the medical workforce for the future)—he was also happy to provide telephone support for his patients to the nursing staff, on the other five days per week when he was elsewhere.

All of this made the concept of trialling his service very hard to resist.

As things developed on paper however, it became clearer that although the medical service on the ground would be self sustaining financially, some financial assistance would be needed for the plane to get him there and back. Obviously this is one of his biggest cost.

We approached our local Commonwealth Health branch with our proposal seeking a) a level of approval to provide the clinics thus releasing RFDS clinic funding to be utilised elsewhere and b) financial assistance if there was any on offer to support Stu’s transport costs. Support for the proposal was very positive, but of course funding was another issue. “We needed to write a business case”.

In the meantime the WA Country Health Services, hearing of Stu’s trial and recognising the benefits of reducing demand on the doctor workforce at Carnarvon Hospital, were extremely positive and very encouraging to the extent of offering some financial support. After some negotiation, a portion of funding—$35K pa was unconditionally allocated to assist with MAMS transport costs—(perhaps not reflective of the benefit that Stu’s service provides in terms of reducing demand on Carnarvon’s salaried doctors and his ability to convey Medical Specialists contracted for the Medical Specialist Outreach Access Program in his six seater plane between Geraldton and Carnarvon which he had also offered to do—and at a much reduced cost—nonetheless, it would considerably reduce his transport costs).

He did some relationship development with the Shark Bay Shire throughout the trial which they had cautiously agreed to. Despite the initial resistance he encountered, rate payer lobbying soon drew the Shire enthusiastically into the mix with a small portion of funding—$15K per annum. Again, perhaps not reflective of the benefits to tourism, infrastructure and support of the community, but nevertheless, a further reduction to his costs.

So where are we thus far?

All that remains is for us to gain Commonwealth support to the tune of $56K per annum. In our minds this is such a small amount in terms of the enormous benefits that Stu’s service can bring to Shark Bay and potentially many other communities in the Midwest and Gascoyne regions, where the model could have great application, increasing access to medical services and extending implementation of national health strategies.

The trial was a huge success. It resulted in many positive health outcomes within a very short time attributable to:

- introduction of an Enhanced Primary Care program, with care plans for patients with chronic disease or multiple pathologies
- domiciliary mobile medical reviews which included bringing in a pharmacist to review patient stocks of medication
- home visits, mainly to a small number of palliative care patients
- regular lectures on topics such as diabetes (8 week program)
- weekly public lectures on issues such as heart disease, skin cancer etc.

None of this was ever possible through the visiting service from Carnarvon.

By the end of the trial period, improvements in primary health care arising from MAMS presence were noticeable. The trialled service made some significant inroads on several key national health strategies and target areas. We have every reason to believe that these improvements can and will continue with full implementation of a funded MAMS service.
Stu self funded the service’s transport costs throughout the six months trial understanding that he needed to demonstrate the benefits of his service to a wide range of stakeholders before they would commit financial support.

The community is extremely anxious about the delays Stu has encountered in securing Commonwealth funding and the need to reinstate the State funded service while he awaits an outcome of his Business Case to them.

While we wait, some residents of Shark Bay are choosing to travel 405km south to Geraldton, to see Stu in his Geraldton practice in preference to resuming their care under the Carnarvon visiting service. Many others are unable to travel and have no other choice. They eagerly look forward to the “funded” return of Stu’s service to their community.

Stu’s directorship of the Midwest Aero Medical service has seen it grow from humble beginnings in 2004.

As described earlier he provides fly in/fly out medical services to a growing number of isolated communities and mining towns in the Midwest. His vision is to expand the service to an extent to truly open up access to medical services for many more remote communities. He now has four other doctors working with him—(two females, two with obstetrics qualifications) and three practice nurses (two of whom are midwives) on his team. Two of the doctors Stu is supporting in their pursuit of commercial pilots licences.

He advertises nationally to recruit likeminded doctors who truly want to see people living in rural and remote areas of Australia, get a better deal. The “carrot” is, an opportunity to fly to work and in some instances, fly yourself. This is a young enthusiastic team of dedicated professionals who ostensibly seek outback adventure and a high level of satisfaction in their work environment.

Stu’s interest in Shark Bay has presented challenges on many levels. Working across boarders (albeit regional boarders) within a non traditional service model has been both an enlightening and exciting experience, not only for MAMS but for Silver Chain as well. The major spin off for Silver Chain partnering with MAMS is that our nursing staff in this isolated community can be well supported by way of regular time off and continuing education not to mention the positive effect his service promotes in regard to management of chronic illness and healthy lifestyle change in the resident population.

Most importantly the ultimate outcome for Shark Bay, will be a community very satisfied with it’s medical service and improved health status, with results that can be replicated in many other remote communities across the country. The savings and benefits to the health system across the regions in terms of federally funded medical outreach clinics, medical specialists transportation, increasing remote access to regular, consistent medical services and the support and extension of the virtual remote health team embraced by MAMS both on the ground and via telephone support is unquantifiable.

In the audience at this Conference we have a range of people from all levels of government and many different providers. It is within all of our collective powers to make things work or to hold them up. A non traditional model like this requires us to think laterally, work together, put aside personal issues and look for the solutions.

As things get tougher, we need to do more of this—not less.

How can we better work together in the future to assess innovative ideas and support the ones that are viable and give our remote areas of Australia the very best services?

How do we ensure that we capture enthusiasm and not wear it away?

When we all say ‘lets do it’—a solution will arise and our communities will benefit for years to come.
Presenter

Carmen Morgan has been nursing in various locations since 1982; she completed the Bachelor of Nursing in 1992. Having worked overseas for four years and then taking time out of the workforce on maternity leave, she made the transition from the tertiary hospital setting to the rural community setting in 1995, working for the Silver Chain Nursing Association. Her passion for remote area health care was ignited in 1998 when she took on the challenges of remote area nursing. She became the manager of operations for Silver Chain’s Remote Services in 2001 and has been developing and improving this service since then, producing great outcomes for the remote communities where Silver Chain has a presence. She will complete her Masters in Health Service Management in June 2007.