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Media Release

## Consumers offering solutions to accessing rural health care

A specialised roundtable discussion with rural health consumers has resulted in recommendations to help address gaps in accessing health services in rural, regional and remote Australia.

Ten recommendations in a [Report published this week](#), were made by participants of the *Rural, Regional and Remote Roundtable on Health Service Access*. The roundtable was facilitated by Consumers Health Forum (CHF) and the National Rural Health Alliance (NRHA) in December 2021.

The roundtable brought together rural consumers and experts across a range of medical and allied health disciplines to discuss issues that impact the most significant health challenge facing rural and remote communities – the equity of access to affordable, quality treatment and services.

“Collaboration between CHF and the NRHA provided an opportunity to put rural consumers and health experts together in virtual rooms to talk about how people are experiencing the rural health system and services,” said CHF Chief Executive Office Leanne Wells.

CHF and NRHA are leading advocates for improving rural health services and consumer health outcomes and say it is unacceptable that between city and rural there is a great divide in health service availability, choice, access and affordability.

“The roundtable participants shared experiences and discussed a range of topics, including monetary and emotional costs; interactions with frontline staff and services; medical access issues; and communication, quality and safety issues.

“The roundtable stimulated creative thinking and proved to be constructive with reasonable, realistic ideas to combat some of the problems that continue to escalate around access to rural health services,” Ms Wells said.

Ten recommendations came out of the roundtable discussions, including changing Medicare to allow rebates for more than one health consultation or medical procedure per day and increasing the rebate for mental health care; funding local community groups to improve digital health literacy; developing a vocational (VET) training course for a health care coordinator role focusing entirely on patient navigation of the healthcare system; and advocating for the Rural Area Community Controlled Health Organisations (RACCHO) model of primary health care services.

NRHA Chief Executive Officer Gabrielle O’Kane says RACCHOs address identified barriers to recruiting and retaining a rural health workforce.

“Health professionals are employed with guaranteed income as part of a multi-disciplinary team, allowing them to reach their full scope of medical and health-related practice. We are confident RACCHOs will work in providing rural patients with greater access to affordable, comprehensive primary healthcare services,” Dr O’Kane said.

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