National Rural Health Alliance

... healthy and sustainable rural, regional and remote communities

Media Release

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Rural health devoid of strategic political leadership

The National Rural Health Alliance (the Alliance) is challenging the next federal government to stop the political trend of funding small, fragmented initiatives that merely plug gaps across Australia's deficient rural health system.

CEO Dr Gabrielle O'Kane says the Alliance pre-budget submission asks the government to deepen its policy focus on rural health through a new National Rural Health Strategy.

"After years of well-intended, ad-hoc support, it is evident that a holistic and strategic approach is necessary to address the fundamental systemic issues of workforce shortages, lack of access to services and the affordability of rural health care," Dr O'Kane said.

The Alliance says there aren't enough healthcare services to support the seven million people living in rural, regional and remote communities.

"With half the number of health providers per capita in rural Australia compared to major cities, rural people cannot access the health care they need, which contributes to them becoming ill, hospitalised and dying prematurely at a much greater rate."

The lack of services means rural people utilise Medicare and the Pharmaceutical Benefits Scheme at a much lower rate, which results in a 'spending shortfall' of $4 billion in rural health, annually.

Dr O'Kane says the scale of the rural health crisis has to be acknowledged in stark dollar terms and serious consideration needs to be given to block funding.

"The way health services operate in the city doesn't translate to the country; it's just incompatible, which leaves rural areas missing out on that $4 billion in taxpayer health funding every year.

"Our current fee-for-service Medicare rebate system rewards high volume patient throughput, which does not work for smaller rural GP practices. The situation is even worse for many private allied health services, as there are very few MBS items that patients can claim, making those services unaffordable for many rural people."

The Alliance wants to make wholesale change to the funding structure of rural health services and has developed, costed, and substantiated a new model of care called Rural Area Community Controlled Health Organisations, or RACCHOs.

RACCHOs have four pillars: block funding through additional, dedicated, and ongoing government investment; team-based employment; place-based health care; and strong local governance. Complementing the Aboriginal Community Controlled Health Organisations (ACCHOs), the structure and governance of RACCHOs are flexible to accommodate local community circumstances.

RACCHOs will differ in each community, with strong community input and service planning and delivery based entirely on local needs. They can provide primary care, in-reach services for residential aged care facilities, support for NDIS recipients, support chronic disease management plans and DVA health care services.

RACCHOs address identified workforce barriers, to the point of being able to offer financially and professionally rewarding careers and lifestyles in the bush. 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 calling for the immediate funding and rollout of 30 RACCHOs across the country,” Dr O’Kane said.

The Alliance, backed by the expertise of its 42 health and consumer member organisations, is confident RACCHOs will go a long way to providing rural patients and communities with greater access to equitable health care.

Ends

Dr Gabrielle O’Kane is available for comment.
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