

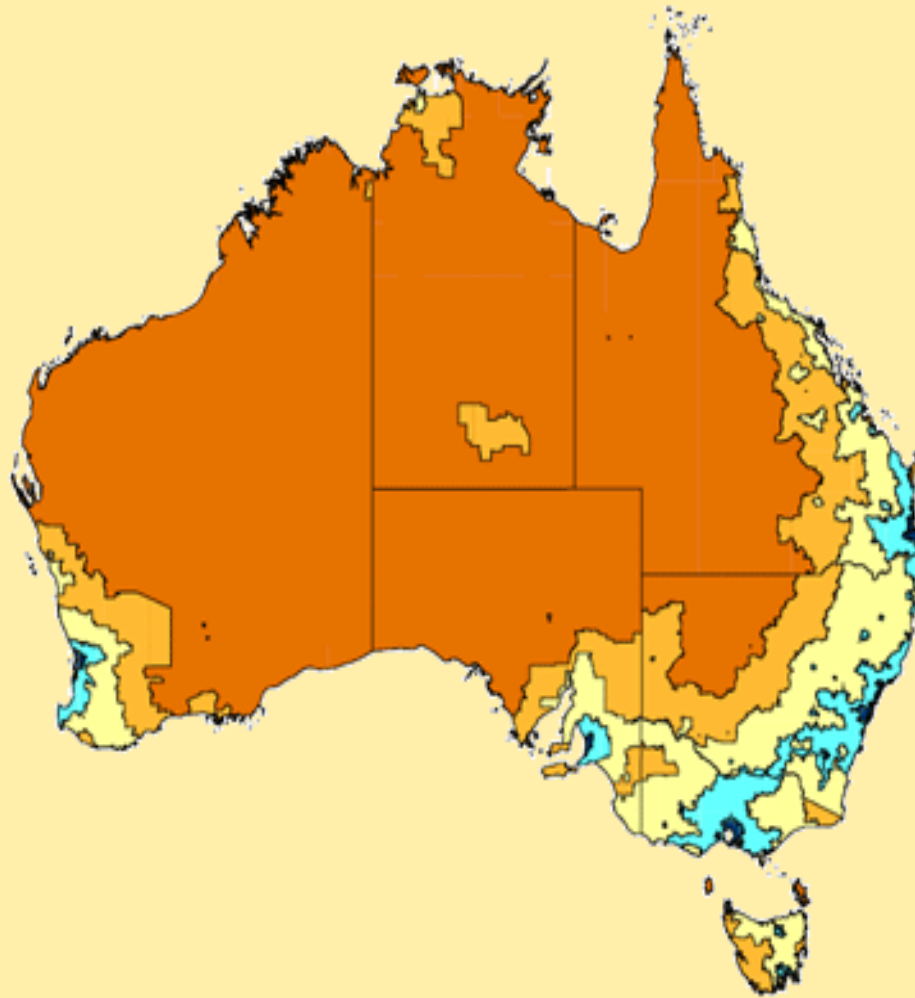


Health Reform Outback Northern Australia Case Study: reflections from the torrid zone.

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Remoteness, Australia

Australian Statistical Geography Standard, 2008





Remote and Rural Australia





Australia's Health System's successes & limitations are most felt in remote and rural areas

Compare and Contrast Northern Australia
Similar yet different :

- history, governance, economic base; Soils, minerals, weather, populations
- Different health service models: all responsive to the overall local context.
- Fiercely parochial – like the States

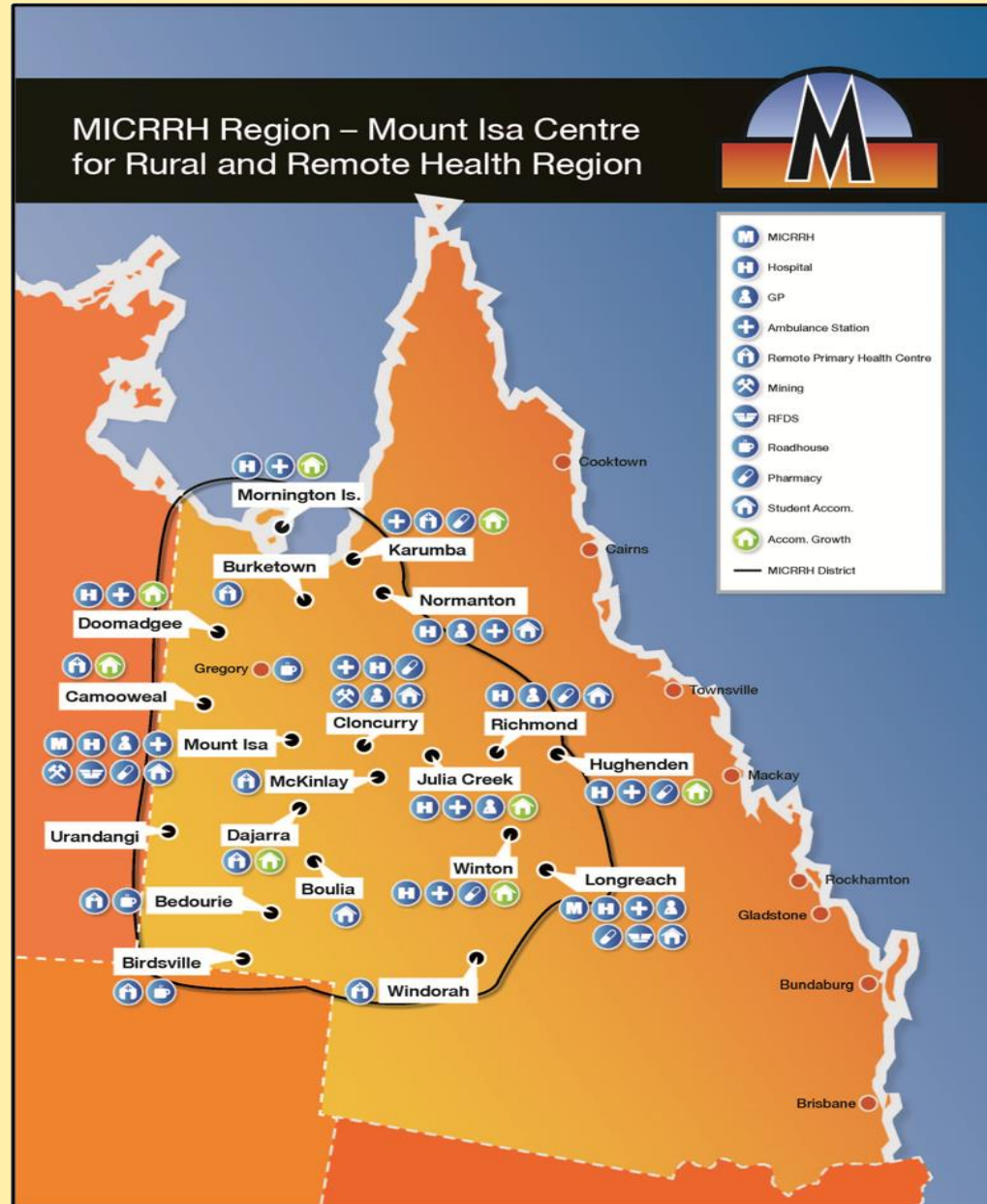


NQ, NT & Kimberly has a matrix of responsive services

Multiplicity of providers

- Undermined by contestability
- Activity does not = quality







The story of 2 sisters & 1 sister in law

Jean – lives on Canobie

Clare –Dajarra

Kaye - Doomadgee

- Antenatal care
- Postnatal care
- Child health & immunisation
- Work medicals
- Medical care
- Emergency care



State & Territory differences

- Who provides
- Who should provide
- Who pays
- How does this contribute to improved outcomes





Improvement occurs over time

- Informed by good data, evidence; and
- Longer term strategy
- Bipartisan multilateral commitment to longer term strategy & investment





Health reform Is NOT one action

- It is a construction – whether it be a cattle yard or housing complex analogy
- Move one piece and it impacts on another.
- Find the right levers to ensure the desired outcomes follow





Health Reform

- We had a plan, COAG agreements, architecture, common goals and a somewhat shared vision
- Too small a time frame – electoral cycles probably should be at least 4 years to bed down and at least test the new directions.





Fringes of the regions is our place



rural and remote areas are the nation's
nursery of innovation & a major
contribution to the economy



Yet

- Greater Northern Australia Regional Training Network
- Northern Australia Strategy
- UDRHs & RCS – training in and for northern Australia





outback QLD is asset rich

- Offers high quality authentic rural, remote & Indigenous clinical training
- Committed services & staff
- Good people
- Establishing a track record
- Innovative services
- Hamstrung by border control – ie non communicable health records and incomplete, unlinked data
- Who provides PHC



Australia has the necessary technical leadership & national architecture

However

- Lack granularity in health & population data
- Inadequate monitoring, reporting and funding mechanisms
 - R & RA needs it

And

- Unhelpful and distracting targets
- Lack of evidence for useful indicators





A word of encouragement

- We are close - despite roll back reform has achieved quite a bit
- Refinement not demolition
- Keep a lookout for unintended consequences and deal with them, not point score
- Not system is prefect, people and places change **and** the health systems of Australia need to evolve with them





20th century practices in 21 modern world

- Ear-tag monitor every one of the several million head of cattle traded across Australia and beyond ...to your plate
- Can identify but cannot yet track practitioners; or the patients and populations
- We must remember that planning/monitoring cannot be built on generalising state or national trends



Fund care in context of place and over time

- Minor amendments to current practice
- Activate practitioner identifier
- Incentivise uptake of e health records – particularly between Hospital and primary care
- Introduce the notion of rebatable and non rebatable Medicare activity.
 - Allow quantifying primary care activity & reach and developing quality indicators



The NHHRC recommended for more urgent attention

- Rural and Remote Health (incl workforce mal-distribution)
- Mental Health
- Aboriginal Health
- Dental Health

Remain the burrs under the saddle of
health reform