

Rural Challenges and Opportunities – the Australian Experience

Dr Peter O'Meara, Professor of Rural & Regional Paramedicine

Councilor of the National Rural Health Alliance (representing Paramedics Australasia)



[@omeara_p](https://twitter.com/omeara_p)

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Introduction

- † Australian context
- † Aims
- † Successful outcomes
- † Contemporary Challenges
- † Opportunities
- † Barriers



Australia- Canada Comparison

Large, high-income countries

- Population concentrated south east coast
- Federated, Westminster government system
- Universal health system

Population

- Australia - 24.13 million
- Canada – 36.29 million

Land Mass

- Australia – 7.6 million km²
- Canada – 9.1 million km²



Australian Context

Large, high-income country with population concentrated in a small band of the country

People living in rural and remote Australia contribute 67% to the value of Australia's exports

Health system is mix of public and private provision

- Medicare covers primary care and public hospital care
- Health Insurance for private hospital and some other costs
- Public hospitals and ambulance systems are a state and territory responsibility

Australian Context – reality check



Poor health outcomes for ATSI population!
Rural and remote disparities



Aims

Describe and discuss the contemporary health challenges and opportunities in rural and remote Australia.
(paramedic perspective)



Disclaimer



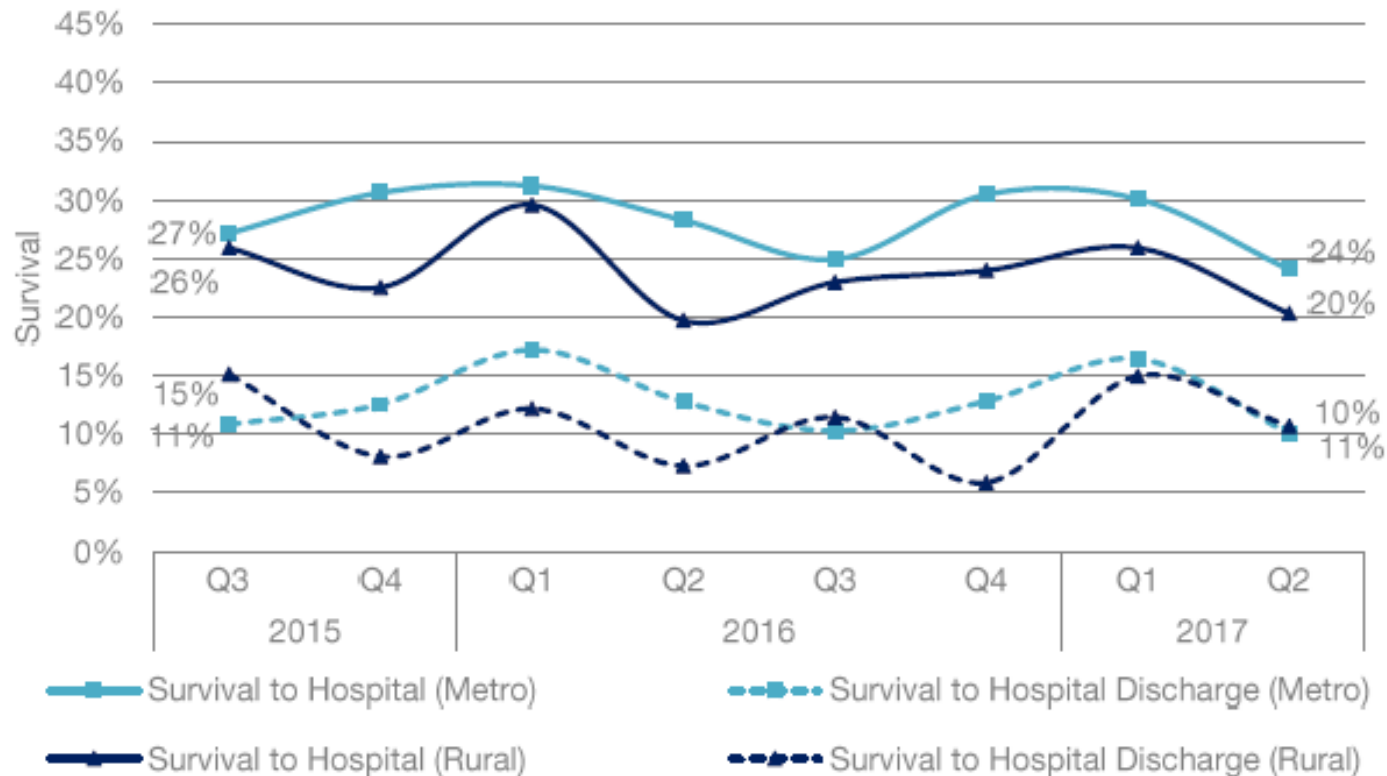
Successful Outcomes



- System improvements, such as improved paramedic services (helicopters, extended paramedic education and scopes of practice), specialised hospitals (eg. trauma systems and centres), have all contributed to:
 - Cardiac arrest survival rates in rural Australia that are steadily approaching metro rates (South Australia and Victoria in particular)
 - Stroke survival heading in the same direction
 - Survival from severe trauma in regional and rural locations is as good as metro in some parts of the country (less so, in remote)

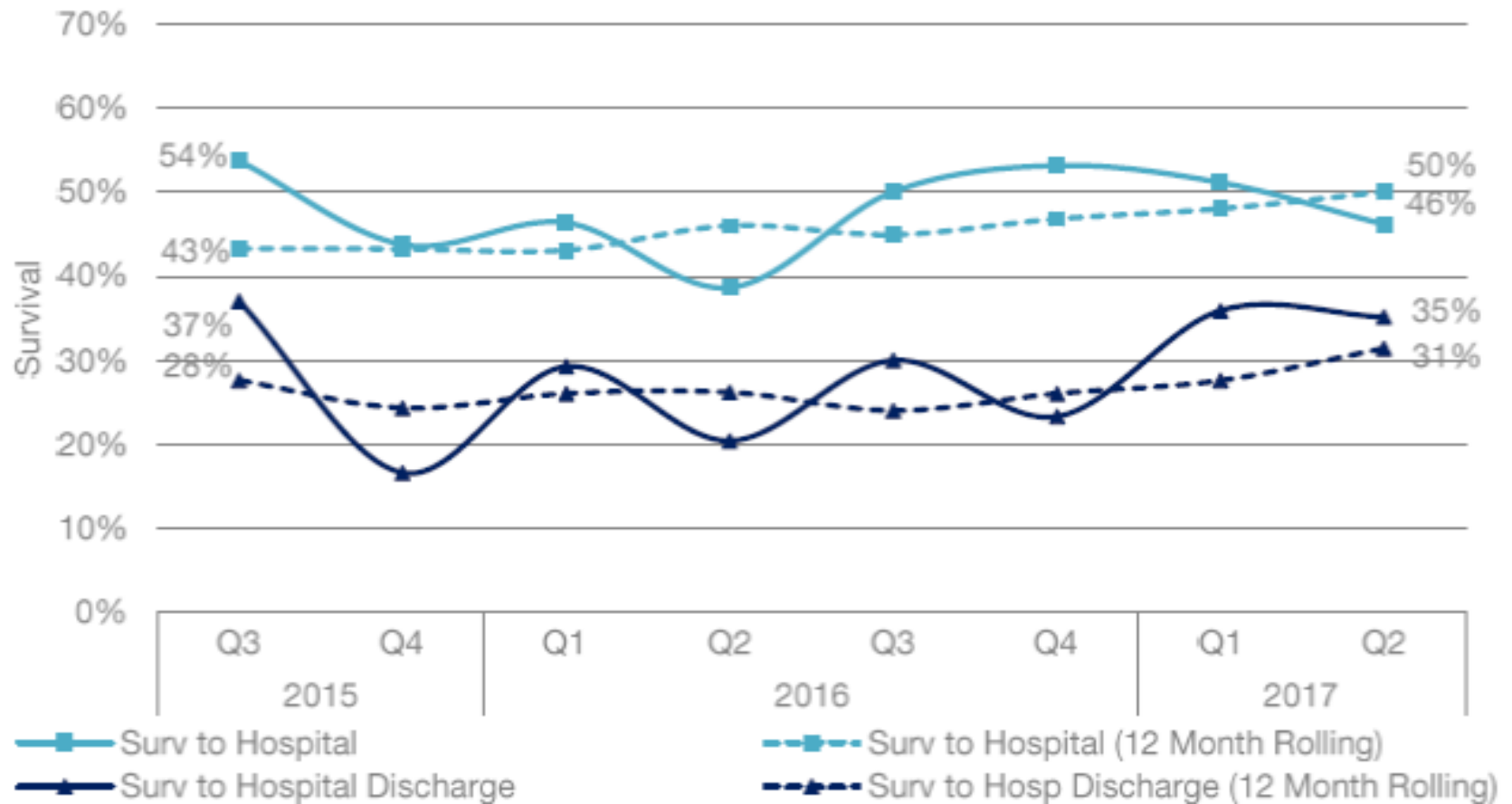
OHCA Metro/Rural Comparison – State of Victoria

FIGURE 18. Metropolitan and rural survival rates for adult OHCA events due to presumed cardiac aetiology where EMS attempted resuscitation



VF/VT Rural Survival Rates – State of Victoria

FIGURE 20. Rural survival for adult VF/VT events where EMS attempted resuscitation



2014 Urban-Rural TBI Comparison (Dr Ben Fisk)

Key Findings:

- † This study found **similar rural and urban outcomes following TBI**, suggesting that trauma system design and maturity may counteract the potentially negative aspects of rurality.
- † The results show that **serious co-morbidities, age and injury severity** have a greater influence on in-hospital mortality and functional outcome than rurality.
- † The results show that **Helicopter Emergency Medical Services (HEMS)** are utilised for a greater proportion of rural cases, with possible links to outcomes following severe TBI, and implications for skills maintenance amongst non-HEMS paramedics.
- † The results indicate that rural road-based [ACP] paramedics have lower exposure to cases requiring **Rapid Sequence Induction (RSI)** for intubation, that confidence can impact clinical performance, and that skills and knowledge maintenance require a combination of formal and informal strategies.

National Rural Health Alliance

- The National Rural Health Alliance is comprised of 36 national organisations.
- Committed to improving the health and wellbeing of the 7 million people in rural and remote Australia.
- Members include **consumer groups** (such as the Country Women's Association of Australia), representation from the **Aboriginal and Torres Strait Islander health sector, health professional organisations** (representing doctors, nurses and midwives, allied health professionals, dentists, pharmacists, optometrists, paramedics, health students, chiropractors and health service managers) and service providers (such as the Royal Flying Doctor Service).

Contemporary Rural and Remote Challenges

- Disparity in access to health services continues to make country people sick
 - The seven million people living in rural and remote Australia experience mortality rates 1.5 times higher than city people
 - Avoidable chronic illness in some parts of country Australia is 3 times higher than in cities
 - Population is ageing, like the whole country
- Compared to those in metropolitan Australia, people living in remote areas access:
 - medical services at half the rate
 - medical specialists at a third the rate
 - mental health and allied health professionals at a quarter the rate

Main Message from the Bush

- Drivers
 - Demographic, economic, technological and social forces
- Access (health and other services) for vulnerable populations can be improved with a focused approach
 - Chronic conditions
 - Mental health
 - Young children and families
 - Aboriginal & Torres Strait Islanders
- Need a National Rural Health Strategy
 - Including adoption of rural health access standards
 - Lobbying by NRHA is taking lobbying for these frameworks

Opportunities and National Developments

- Pending appointment of a Rural Health Commissioner and development of a National Rural Health Strategy will deliver on Australia's commitment to universal access to healthcare, no matter where a person lives.
- The Strategy and accompanying Rural Health Access Standards should support timely access to affordable, appropriate and acceptable health services and population health outcomes in rural and remote Australia.
- This would include a range of activities that reduce risk factors, prevent illness and minimise unnecessary hospitalisations.

Areas of Focus

- **Likely priority areas include:**
 - chronic disease
 - mental health
 - early childhood and family health
 - culturally safe services available for Aboriginal and Torres Strait Islanders
- **Improving the health outcomes for people living in rural and remote Australia will maximise their economic and social value and dramatically improve participation and productivity.**

Specific Ideas and Innovations



- **Generic Actions**

- Changes to funding models, incentives and review of professional regulation
- Enable all health professionals to work to their full scope of practice
- Improved education and training to better match actual patient load (ie. < emergencies)
- Wider adoption of patient-centred care principles

- **Paramedic Options**

- Extend paramedic scopes of practice (evidence-based)
- Service the needs of primary care patients and communities in response to demand/gaps
- Community paramedics are an intervention with a growing evidence-base
- Self-regulation of paramedics and paramedic leadership will allow profession to mature and find innovative solutions

Barriers to Change

- † Inertia and resistance to change
- † Professional boundaries
- † Lack of infrastructure in all its senses
- † Lack of imagination
- † Politics!



Thank you

Questions?

Dr Peter O'Meara
Professor of Rural & Regional Paramedicine
La Trobe University
PO Box 199, Bendigo, Victoria, 3552, Australia
Email. p.omeara@latrobe.edu.au

