# Victorian Health Priorities Framework 2012–2022:
# Rural and Regional Health Plan

State Government Victoria

# Rural and Regional Health Plan

December 2011

Victorian Government

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# Foreword

In May 2011 the Victorian Government released the *Victorian Health Priorities Framework 2012–2022* as part of its commitment to developing a long-term plan for a sustainable Victorian healthcare system. The framework establishes the key outcomes, attributes and improvement priorities for the Victorian healthcare system. The *Metropolitan Health Plan* was released at the same time, outlining key priorities and associated actions for metropolitan Melbourne and statewide health services.

The development of this *Rural and Regional Health Plan* is the next critical step in delivering our commitment. It outlines the application of the framework to the specific context of rural and regional Victoria. The *Rural and Regional Health Plan: Technical Paper* is the companion document to the *Rural and Regional Health Plan,* outlining the essential data and analysis that has been used to inform the development of the priorities for the rural and regional health system. The *Rural and Regional Health Plan: Technical Paper* draws together the population health and health service data with the population data prepared by the Department of Planning and Community Development in 2011 based on ABS population estimates for 30 June 2010.

The plan has also been informed by a range of consultations with service providers, health professionals and community members in rural and regional locations across Victoria. The response to the local consultations has been very positive and I would like to thank the many individuals who contributed to the development of this plan.

The advice of the ministerial advisory committee, chaired by the Hon. Rob Knowles AO, has also been instrumental in the development of the *Rural and Regional Health Plan*. The input of the committee has been invaluable and assisted in shaping the future directions for rural and regional healthcare.

In rural and regional areas, health service providers, including general practitioners, community health services, allied health practitioners, private and public hospitals, aged care services and a range of other health-related services are integral to developing a responsive and informed health system. The actions in this plan will strengthen health service organisational and clinical practices and build on a number of innovative and effective practices already in operation across rural and regional Victoria. It will provide greater certainty to rural and regional communities about the healthcare services they will be able to access at the local, regional and statewide level.

Particular issues and challenges impact on the health of rural and regional Victorians including issues of distance and available transport and variations in workforce, socioeconomic status and infrastructure. The actions in this plan have been designed to address the variability in health status and health outcomes through: prevention targeted at the local level; better support for implementing evidence-based care; and greater emphasis on teaching, training and professional development to support a capable, appropriately distributed workforce.

The government's effort in these areas will be bolstered by optimising the use of appropriate technology such as telehealth to: better support the delivery of care for rural and regional communities; provide greater support for rural and regional clinicians; and better enable consumers to participate in their own care. We will improve how data is used and monitor performance and support innovative and new approaches to service delivery that encourage the delivery of clinically appropriate and cost-effective care closer to people's homes.

The government has already committed to a strategic approach to improvement of our health system through its election campaign commitments that included, amongst other features:

- additional health infrastructure and capacity
- waiting list and emergency department reform
- improving ambulance services
- overhauling rural and regional health services
- supporting Victoria's leadership in health and medical research
- increasing transparency and accountability.

Victoria's rural and regional public health services, like those in metropolitan Melbourne, operate under a system of devolved governance, ensuring local oversight of health service provision. Protecting the model of local governance and ensuring the Victorian Government retained clear responsibility for managing the health system were key aspects of the recent negotiations with the Commonwealth about the national reform process.

Local governance helps connect health services to their local community, so they are able to respond to the unique healthcare needs of their community. However, optimal healthcare outcomes rely on the effective collaboration between all rural and regional health services and clinicians, with this collaboration often extending into metropolitan-based statewide and specialist services. That is why the government is taking a system-wide approach that recognises and includes the public, private and not-for-profit sectors. Building a coordinated system is critical to ensuring that health outcomes for rural and regional people are as good as they can be and that the services provided are clinically appropriate, cost-effective and sustainable into the future.

By 2022 our aim is to have a system that is more effectively planned for the changing needs of Victorians and one that has the capacity and capability to deliver innovative, informed and effective healthcare that is responsive to people's needs. In rural and regional Victoria, this will be delivered through improved collaboration and interaction between providers at the regional level, with a greater emphasis on supporting evidence-based patient pathways and support for communities to be healthier.

I encourage rural and regional Victorians to have your say on the *Rural and Regional Health Plan*. Your input will inform the implementation of the Victorian Government's vision for the future of the state's health service system.

The Hon David Davis MP
Minister for Health

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# Executive summary

In May 2011 the Victorian Government released the *Victorian Health Priorities Framework 2012–2022*, which provides the blueprint for the planning and development priorities for the Victorian healthcare system for the coming decade. The framework provides the foundation for the *Rural and Regional Health Plan*. It has been applied to the rural and regional health system to drive the development of key actions that will deliver services in rural and regional Victoria that are more responsive to people's needs and rigorously informed and informative.

The *Rural and Regional Health Plan* provides greater certainty to rural and regional Victorians about what they can reasonably expect from their local health services and the broader health service system.

The plan delivers on a key promise of the government: better long-term planning across the health system. The plan addresses particular issues facing rural and regional Victorians such as travel time to specialist services and the ageing of the population. It also addresses the relative differences within rural Victoria and with metropolitan Melbourne in terms of population health status and outcomes.

The plan recognises that in rural and regional Victoria the population is growing, as is the prevalence of chronic disease and healthcare utilisation. Planning for health service provision needs to be responsive to these changes, and there is an expectation that the nature of service delivery must continue to evolve. There will need to be a particular focus on building the capacity of existing local community-based services to respond to these challenges. The introduction of innovative service models that enable more timely and appropriate access to primary care, secondary and acute services and specialist care, particularly through the better utilisation of telehealth, will be necessary.

The respective roles of: general practice; primary and community health; rural hospitals; residential and other aged services; regional health services; and specialist statewide health services are explicitly recognised in the plan. In its implementation, the plan will articulate clear expectations that services effectively collaborate to deliver clinically appropriate and cost-effective care to their rural and regional communities.

The highlights of the plan include:

- building a responsive and adaptable rural and regional health service system that can be tailored to meet the needs and circumstances of local communities and is supported by service models that are clinically appropriate and cost-effective
- building on the existing configuration and organisation of the rural and regional health system and reinforcing an area-based approach to service delivery
- supporting greater collaboration between individual service providers within the local and regional area and between regional and metropolitan areas
- driving, supporting and enabling the systematic use of clinical guidelines and evidence-informed patient pathways to ensure rural and regional people are receiving appropriate and timely care in the most appropriate setting

- strengthening service partnerships across a broader regional area to better support rural and regional people as they move between service providers and settings
- a continued commitment to realise opportunities that support effective rural and regionally based teaching, training and professional development for health professionals
- better utilising telehealth for improved service access, clinician development and training
- strengthening clinical leadership opportunities and supporting regional health services to provide leadership and support to the broad range of sub-regional and local health services and public and private providers within the area.

The *Rural and Regional Health Plan* and its companion document, the *Rural and Regional Health Plan: Technical Paper*, highlight a range of issues that are impacting on or are projected to have an impact on the rural and regional health system in the future. Some of these issues are related to people, while some are related to the health system itself. The key issues have been identified as the following.

The **people-focused** issues include:

- a projected increase in the total number of people living in rural and regional areas, particularly those aged over 65 years, and changes in the geographic distribution of the population
- poorer overall health status, outcomes and health behaviours for people living in more distant communities and specific rural locations
- variability in health outcomes within rural and regional areas where there is relatively equivalent service access and service levels
- projected increases in the prevalence of chronic disease and complex conditions, some of which are likely to be more significant in particular populations or communities within rural Victoria.

The **system-focused** issues include:

- changing patterns of demand within and between rural and regional areas
- under-evaluated or 'unsystematised' implementation of innovative rural healthcare delivery models
- inadequate measuring and monitoring of system outcomes
- variability in service access and capability, in part created by issues of distance, transport availability and existing maldistribution of the health workforce and health services
- poor access to or inconsistent application of technology-enabled care and support for clinicians working in more isolated parts of Victoria
- underdeveloped clinical training opportunities and infrastructure
- the interdependence of service viability and local community sustainability and liveability.

Left unaddressed these challenges will result in a less effective healthcare system across rural and regional Victoria that is unable to meet the needs of the local community.

The *Rural and Regional Health Plan* describes a number of actions that will, when taken in concert, support people to be as healthy and able to actively participate in community life as they can be. They also support the development of a healthcare system that is more sustainable and able to deliver clinically appropriate and cost-effective health outcomes.

# Introduction

The Victorian Government released the *Victorian Health Priorities Framework 2012–2022* in May 2011, laying out a clear, coordinated agenda for the future of the Victorian health system. The framework articulates the key outcomes, principles and priorities for the healthcare system for the next 10 years.

The application of the framework guided the development of the *Metropolitan Health Plan* and the supporting *Metropolitan Health Plan: Technical Paper*, which were also released in May 2011. A brief summary of the Victorian Health Priorities Framework is outlined in the first part of this document, along with the government's vision for the Victorian healthcare system in 2022.

To advance the next stage of the implementation of the *Victorian Health Priorities Framework 2012–2022*, the government has developed this *Rural and Regional Health Plan* with the supporting *Rural and Regional Health Plan: Technical Paper*.

Eleven profile areas across rural and regional Victoria have been identified for the purposes of analysis and service planning. The profile areas follow local government boundaries. These boundaries, although administrative, are typically the basis for a number of other planning boundaries including the department's regional boundaries. More detailed information about the profile areas is contained in the *Rural and Regional Health Plan: Technical Paper*.

The analysis used in the *Rural and Regional Health Plan: Technical Paper* and the *Rural and Regional Health Plan* uses population data prepared by Department of Planning and Community Development in 2011 based on ABS population estimates for 30 June 2010. Service data and other research findings have also been analysed and together highlight the variability in health outcomes and health status experienced by rural and regional Victorians.

The findings in these documents have also been informed by the feedback received during rural and regional consultations and are supported by advice provided by members of the ministerial advisory committee. An outline of the current rural and regional health system and some of the key challenges are summarised in the second part of this document, with more detailed information contained in the supporting technical paper. A glossary of key terms used throughout the document has also been provided.

The *Rural and Regional Health Plan* presents the government's response to the unique health and health system issues and experiences in rural and regional Victoria. The actions are informed by the best available evidence and in many cases draw on examples of innovation and effective health service practices already in operation across rural and regional Victoria. Case studies throughout the document highlight some of these innovative practices.

Many of the actions outlined in this plan require health services to work more closely together, embrace innovation and support their staff to adapt to new models and ways of delivering healthcare. Some of these changes require a commitment of time and effort. However, many will build on work that rural and regional health services already have in place.

The government has set a 10-year timeframe to allow health service providers to embed actions into routine service delivery and enable changes in the health status of Victorians to be measured over time.

In an environment of ever-rising costs, fiscal responsibility is paramount. Health services need to ensure the care they are providing reflects their capacity to address the population health needs of their community, is clinically appropriate and remains cost-effective. The government has made a number of key commitments that will support greater capacity across the system, but it is important the best use possible is made of these investments. These commitments are outlined under the Taking immediate action section of this paper.

Some service priorities identified in the *Metropolitan Health Plan* will have an impact in the rural and regional setting and it is expected that the implementation of the rural and regional priorities will likely have an impact at a metropolitan level. Therefore, the *Rural and Regional Health Plan* builds on many of the key actions outlined in the *Metropolitan Health Plan* and tailors specific strategies to ensure they are applicable to the rural and regional context.

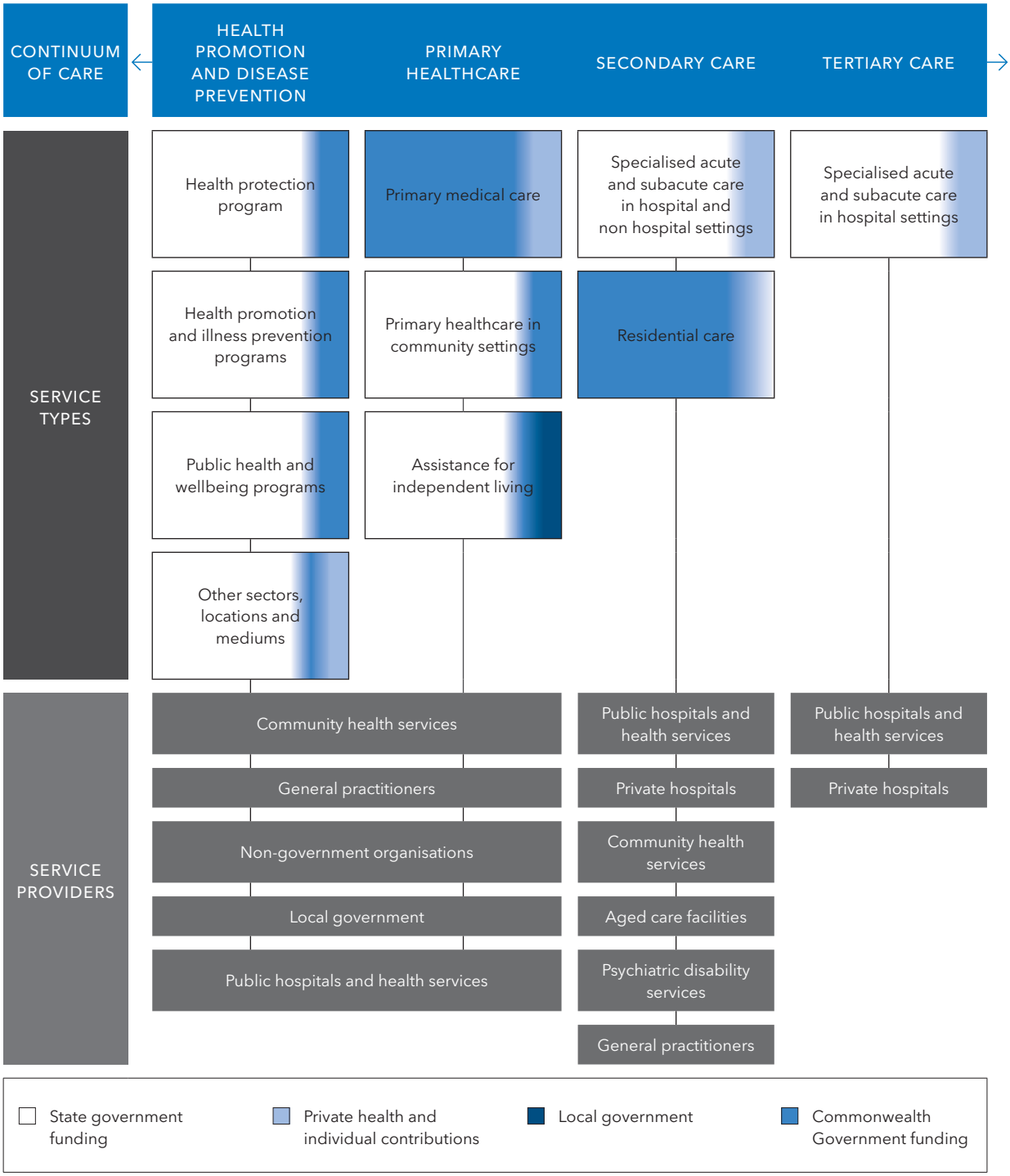
This plan should be considered in the context of the *Metropolitan Health Plan* and the soon to be released *Health Capital and Resources Plan* which will form the third component of the government's overarching Victorian Health Plan. This third plan will set the direction for future planning and development priorities for infrastructure and assets, workforce, information and communications technology (ICT), and health and medical research.

# The Victorian healthcare system in 2011

In the Victorian health system there are a range of services that are funded through multiple sources and across a broad range of settings.

The range and mix of services provided is typically referred to as a continuum of care (Figure 1).

Figure 1: Victoria's health system – a representation



# The *Victorian Health Priorities Framework 2012–2022*

The Victorian Government is committed to delivering the best healthcare outcomes possible and ensuring people are as healthy as they can be.

The government's vision is that by 2022 Victoria's health system will be:

- responsive to **people's needs**
- rigorously **informed** and **informative**.

Being **responsive to people's needs** will produce the following outcomes:

- **People are as healthy as they can be (optimal health status)**
- **People are managing their own health better**
- **People enjoy the best healthcare service outcomes possible.**

Being **rigorously informed and informative** will produce the following outcomes:

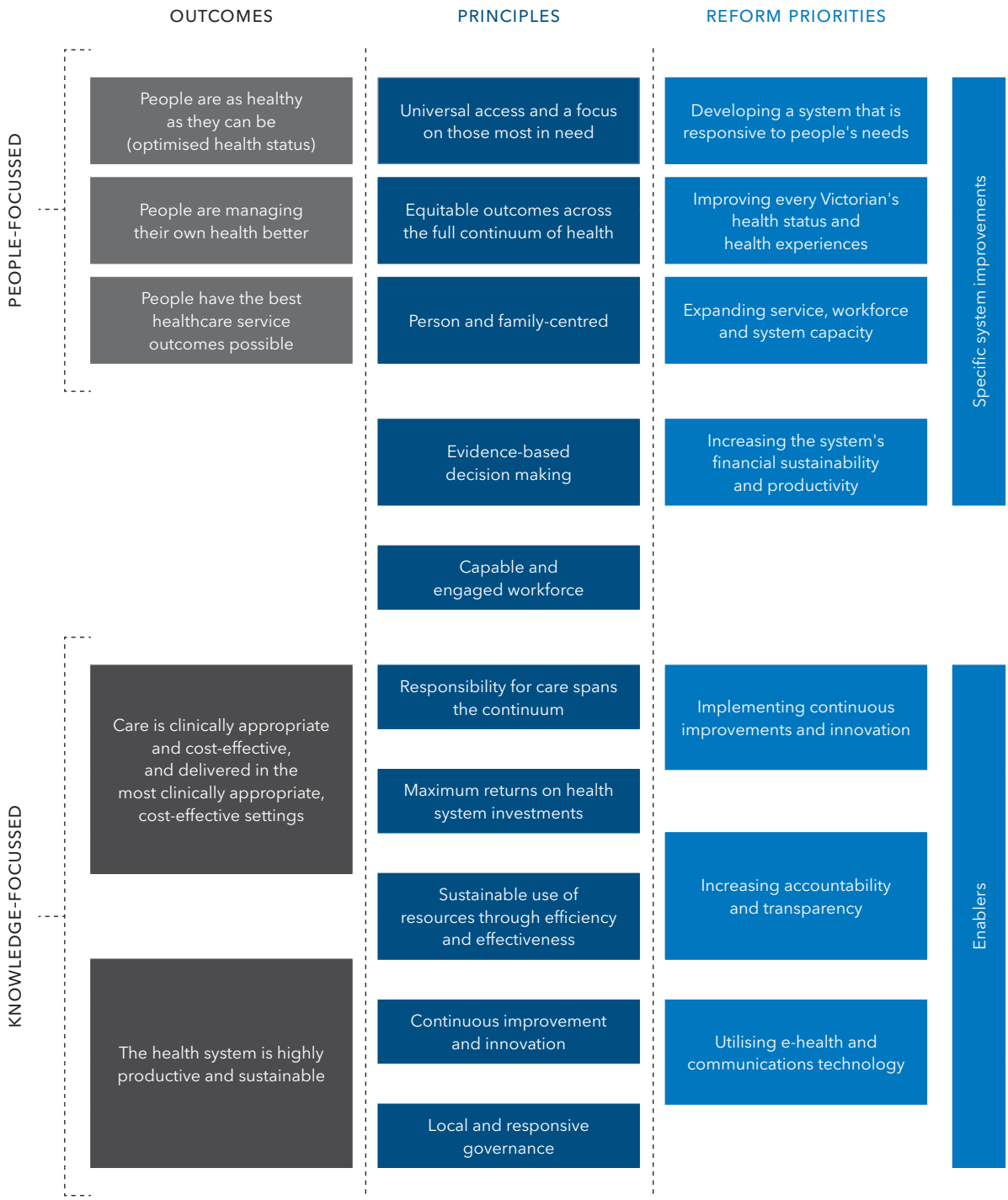
- **Care is clinically appropriate and cost-effective and delivered in the most clinically appropriate and cost-effective service settings**
- **The health system is highly productive and health services are sustainable.**

These outcomes, along with the key guiding principles, are set out in the *Victorian Health Priorities Framework 2012–2022* (Figure 2).

The framework also describes a set of priorities for action that the government considers to be most important if the desired outcomes are to be achieved.

Implementation of the actions of the *Rural and Regional Health Plan* (and the *Metropolitan Health Plan* and the yet to be released *Health Capital and Resources Plan*) will result in positive changes for all Victorians. What these changes will mean for individuals using the Victorian health system is articulated in Figure 3.

Figure 2: The *Victorian Health Priorities Framework 2012–2022*



## Figure 3: What the change means for people using Victoria's health system in 2022

| | NOW | 2022 |
|---|---|---|
| When you are well | Limited range of whole-of-population health promotion and risk-reduction initiatives. | You will be more health literate.<br><br>You will be better able to manage your own health.<br><br>You will have:<br>– access to health information and promotion programs that are locally provided and focused on the high-risk groups in your community, such as people who are overweight and migrant populations with genetic predispositions to certain illnesses<br>– a local government that has a Municipal 'Healthy Communities' public health and wellbeing plan that is well known to the local community and promotes healthy living<br>– a community that will have a better diet and reduced risky behaviours such as smoking and excessive consumption of alcohol.<br>– access to healthcare services that support your health and wellbeing.<br>– access to appropriate services to support you during pregnancy |
| If you become unwell | Limited choices about where and how to receive care.<br><br>Difficult for individuals and families to get complete information about care options.<br><br>Only a small proportion of individuals and families feel fully involved in decisions about their care. | You will have greater access to primary medical care, defined and improved patient pathways to central specialist services, better access to appropriate, localised care, and a lower chance of needing a hospital admission.<br><br>Your care will be better coordinated and managed when you need to access services outside the local area.<br><br>You will have:<br>– readily accessible e-health information, telephone advice and referral to support decisions about most health concerns<br>– clearly defined and well-distributed access points for the healthcare you need and you will know where to go for the care you need<br>– options for receiving care in your home or closer to home when safe and appropriate; you will have access to the right care at the right time and place<br>– information that is easy to understand and use so that you and your family can participate fully in decision making about your health and healthcare and your expectations will be aligned with real care options.<br><br>Your healthcare will be:<br>– clearly described to you based on the clinical guidelines used by your clinician or clinical team<br>– coordinated and information you consent to being shared about your health needs will be readily available to your primary, specialist and hospital clinicians so that important diagnostic and treatment information is easily transferable. |

| | NOW | 2022 |
|---|---|---|
| If you have a chronic or complex condition | Limited access to services in community settings, including specialist services, leading to reliance on hospital-centric models of care for more complex patients.<br><br>No central service takes responsibility for the patient.<br><br>Ad hoc connection and information sharing between care provider settings.<br><br>Services and care are difficult for individuals and clinicians to navigate and coordinate.<br><br>Funding models are not flexible enough to support integrated care by multiple providers. | Your local health services will provide earlier and more effective intervention and support for your chronic or complex condition.<br><br>Your admission to hospital should only occur when the treatment you require cannot be provided out of hospital and you will be linked back to your local community healthcare setting upon discharge.<br><br>You will have:<br>– options to receive care at home or close to home when safe and appropriate, and funding will support these options<br>– information that is easy to understand and use so you and your family can participate fully in decision making about your health and healthcare and take greater responsibility for managing your healthcare<br>– support to be capable and confident about how you can manage your own health independently, where appropriate<br>– family, supporters or carers who are supported with information and respite to be better able to maintain their caring role.<br><br>Your healthcare will be:<br>– better supported as information will flow easily between you and your clinician<br>– coordinated based on agreed patient pathways to ensure you receive the right care at the right time and place<br>– available from a range of different providers working in collaboration with each other throughout the continuum of care, with one taking primary responsibility for your care. |
| When you experience aged-related health issues | Lack of clarity on services available. | You will have healthcare environments and services that will be age-appropriate, and will focus on minimising your functional decline.<br><br>You and your family will have:<br>– access to easy to understand and useful information so that you and your carer can participate fully in decision making about your health and healthcare<br>– access to information and respite so that carers are better able to maintain the caring role.<br><br>Your healthcare will be:<br>– available at the most clinically appropriate and cost-effective location according to your clinical care needs, your decisions, and your preferences. |
| End-of-life care | Often very limited engagement in decisions about care (including supporter and carer). | You and your family, supporter or carer will actively participate in deciding your care pathway options.<br><br>Your choices will be respected.<br><br>You will have:<br>– care that is available at the most clinically appropriate and cost-effective location based on your and your carer's preferences.<br>– expanded options for palliative care at home or in your local community<br>– family, supporters or carers that are supported with information and respite to be better able to maintain their caring role. |

# The rural and regional healthcare system

'While the defining characteristic of rural health remains its geography (and related issues of access to healthcare services), rural and remote Australia is also sociologically, culturally, economically and spiritually different from metropolitan areas, as well as internally diverse. It is these characteristics that define the health behaviour of its residents, determine their health status and influence the way health and medical care is provided.'[1]

Rural and regional health services in Victoria play an integral role in supporting rural and regional Victorians to be as healthy as they can be. This role includes delivering a range of services from health promotion and primary health through to providing acute inpatient services, mental health and drug services, aged care services and end-of-life care.

Rural and regional health services and the staff and volunteers who work within them have strong relationships with the local communities in which they are located. They contribute to the economic viability of many rural and regional towns and assist to build the social fabric of the local community.

## The current organisation of the system

The rural and regional healthcare system consists of a diverse range of public, private and not-for-profit services. Public health services in rural and regional Victoria include hospitals, community health and other community-based services, mental health services, drug and alcohol services, bush nursing centres, ambulance and other transport services and aged care services.

Private health services across rural Victoria include hospitals, bush nursing hospitals, general practices and medical specialists, privately funded allied health providers and aged care services. The rural and regional health sector also includes numerous not-for-profit organisations offering a range of health services and health-related support services such as transport and home-based assistance. Local government and other government agencies are also providers of a range of health and health-related services including maternal and child health, school health and Home and Community Care (HACC) programs.

Unlike other Australian states, the government in Victoria has a significant role in providing public residential aged care, and in 2011 provided around 14 per cent of places through 196 facilities statewide. Rural and regional health services are major providers of these residential aged care services.

1 Wakerman J, Humphreys JS 2002, 'Rural health: why it matters,' *Medical Journal of Australia*, vol. 176, pp. 457–458.

The rural and regional health system has been broadly organised into three levels (regional, sub-regional and local) to support strategic service planning at both a geographic and individual health service level.

A range of factors were considered when defining the appropriate range of services within each level. These factors included service access, clinical quality, safety and cost-effectiveness.

Health providers in rural and regional Victoria determine the mix of services that they provide. These decisions are influenced by the service volume and the availability of resources such as workforce. Consequently across rural Victoria not all levels of services are provided in all locations.

## Services provided at the local level

Many public, private and not-for-profit health organisations are located across rural and regional Victoria including the more isolated parts of the state. Rural and regional communities have a history of establishing local responses to address their healthcare needs. In the early to mid 1900s, Victorian communities established their own health services at 156 bush locations where access to public services was inadequate due to distance. These health services comprised bush nursing hospitals and bush nursing centres. A range of organisations now provide a mix of services, including residential aged care, primary healthcare, community mental health services, alcohol and drug services and some specialist and acute healthcare.

Small rural health services, private hospitals, bush nursing centres, non government organisations, registered community health centres, private medical and allied health services and residential aged care services are all integral components of the local health service system.

These organisations vary considerably in both their size and the range of services they offer, yet each play an important role in ensuring communities can access timely, appropriate care close to home.

Small rural health services, other Victorian Government funded health services and local private health services, such as general practitioners (GPs) and allied health providers are often inextricably linked. In many communities many small rural health services and private hospitals engage visiting medical specialists to provide care. GPs often work in partnership with the publicly funded services to support the delivery of timely medical care, including procedural services in their local hospital.

Local organisations work together and with a range of partners at the local level. This collaboration extends to organisations that provide health services at the sub-regional and regional levels. This inter-dependency is a critical feature of the local health service system and is fundamental to supporting the ongoing sustainability of local health services.

The majority of state-funded local health services, including small rural health services, bush nursing centres and community health services, are funded through a flexible funding approach to ensure services can be configured to respond to local community needs and service planning priorities across a larger regional area.

## Services provided at the sub-regional level

Larger health organisations are located predominantly in sub-regional centres. These organisations include state-funded sub-regional health services and hospitals, aged care providers, community health providers and a range of not-for-profit and private healthcare providers.

Services delivering care at the sub-regional level often provide a range of more complex services than those delivered at the local level. These services can include mental health assessment and treatment, surgical services, emergency and urgent care services, subacute and rehabilitation programs, maternity services, community-based nursing and allied health services and diagnostic support services at the wider sub-regional level.

These providers bridge the gap between the range of lower-complexity services provided by smaller local rural healthcare providers and the larger regionally based health services.

Clinical education and training is an important role particularly for public sub-regional health services. These organisations provide clinical placements to support undergraduate education and training for medical, nursing and allied health staff, and rotations for specialist nursing and medical education, including GP proceduralists. This relationship plays an important role in the recruitment and retention of staff in rural and regional health services.

Telehealth is an important mechanism to support communication between services located at the sub-regional level and other providers located across the rural and regional areas and in metropolitan Melbourne. This technology can be used to support the delivery of clinical advice and direct patient care, and can enhance clinical training.

### Services provided at the regional level

Regional health services are located in Victoria's larger regional centres of Geelong, Ballarat, Bendigo, Shepparton, Albury/Wodonga and the Latrobe Valley. These services comprise tertiary through to community health and other community-based services and often include residential care services.

Publicly funded hospitals and health service providers, along with a range of private and not-for-profit service providers, such as Aboriginal community-controlled health organisations, women's health services, registered community health, private hospitals, the Australian Red Cross, Royal District Nursing Services, private residential aged care and private pathology and diagnostic services, deliver their services across wide regional catchments.

The larger regional hospital services have the capacity and capability to provide a broad range of healthcare including mental health services, emergency medicine, intensive care, obstetrics, paediatrics, geriatrics and rehabilitation and a range of procedural specialities.

Importantly, health services in regional areas act as essential healthcare hubs with the critical mass to support and effectively utilise expensive technology, specialist workforces and a comprehensive range of diagnostic support services. These services are vital to the rural and regional health system and have the potential to be further developed in the future.

State-funded regional hospitals and health services are expected to take a leadership role within their respective regions. This includes providing clinical advice and specialist support when required to those services located at the sub-regional and local levels. They provide significant leadership in rural workforce development and staff education, training and research from undergraduate through to specialist postgraduate levels in all disciplines. They have important links with universities, particularly with departments of rural health such as those located in Shepparton, Warrnambool and Moe and rural clinical schools managed by Deakin University, Monash University and the University of Melbourne.

Developing collaborative relationships with a range of health service providers in a regional centre and across the wider regional area is important. These relationships support coordinated and integrated services for people accessing services across a regional area.

### Transport services

Transporting people to health services is a critical component of the healthcare delivery system. In Victoria, ambulance services provided through Ambulance Victoria include road and air ambulance services (fixed-wing and helicopter). They deliver a range of services such as emergency medical transport, non-emergency patient transport, major incident management and response and retrieval of critically ill adult patients. Ambulance Victoria also manage the community emergency response teams (CERTs) and Ambulance Community Officers (ACOs).

CERTs consist of ambulance volunteers who function as 'first responders' within communities. CERTs provide basic emergency care until ambulance services arrive. Ambulance Community Officers (ACOs) are employed on a casual basis to provide advanced first aid in rural communities. ACOs undertake an extensive training program and maintain their skills and knowledge each year to keep up to date.

Other specialist transport services such as the Newborn Emergency Transport Service (NETS), Victorian Paediatric Emergency Transport Service (PETS) and the Perinatal Emergency Referral Service (PERS) also support people in rural and regional Victoria by connecting them to more specialist services when required.

In addition, there are a range of other non-urgent patient transport services, including clinic cars (such as those operated under the non-emergency patient transport program) and volunteer or community-based transport services. The Victorian Patient Transport Assistance Scheme is also available to eligible people to assist with transport and accommodation costs.

Transport services are one means by which the health system supports rural and regional Victorians, particularly those who are geographically isolated, disadvantaged or in urgent need of care, to access timely and appropriate health services.

### State-based organisations

Across Victoria a number of state-based organisations support the integration of rural and regional health services by providing a coordination mechanism at the statewide level. These organisations, such as Victorian Aboriginal Community Controlled Health Organisation, General Practice Victoria, Rural Workforce Agency of Victoria, Victorian Alcohol and Drug Association, Psychiatric Disability Services of Victoria and Women's Health Victoria, work with their member organisations and the Victorian Government to strengthen the linkages needed across the system.

### Statewide services

Across the state there are a limited number of health service providers delivering complex, high acuity care to the whole of the Victorian community across a number of specialty areas including paediatrics, trauma, cancer, organ transplant, dental, maternity and mental health. Services are delivered by statewide specialist hospitals and centres of excellence such as: The Royal Women's Hospital; The Royal Children's Hospital; The Royal Victorian Eye and Ear Hospital; Peter MacCallum Cancer Institute; Dental Health Services Victoria, Austin Hospital, The Royal Melbourne Hospital, Monash Medical Centre and The Alfred.

These statewide service providers are responsible for the delivery of this high level care to all Victorians. These services work closely with rural and regional health service providers to enable timely and appropriate access to these vital services.

## The workforce

Across rural and regional Victoria health service providers are major employers. They make significant contributions to the social and economic fabric of the towns in which they are located. The relationship is mutual as health services rely on local people to deliver and support the delivery of healthcare through either direct employment or volunteering.

Engaging local rural people in the delivery of health services, both in clinical and non-clinical roles, is fundamental to the ongoing sustainability of the service system. Enabling local people to access training and development opportunities in their local community helps to build and retain the necessary workforce capacity.

In rural and regional Victoria, healthcare professionals play a vital role within the communities they serve and the services they provide are invaluable to their local communities.

Health professionals often work across hospital and community settings. This may include the local general practice, community health and the local hospital. The flexibility of the local health services and health professionals to work across the continuum of care in this way enables people to receive professional care in their community. Rural health professionals deliver primary, secondary and tertiary care depending on their professional competency and training.

A range of different workforce models operates in rural and regional Victoria and encompasses a broad range of professional roles. One important group of rural health professionals are proceduralist GPs, who are able to provide obstetric, surgical, anaesthetic and other routine and emergency procedural interventions. Nurses, midwives and allied health professionals with an extended scope of practice also play an important role in the rural and regional context where it is sometimes more difficult to recruit a broad mix of professionals. Employing a workforce that can fulfil diverse roles assists rural and regional health services to respond to a wide range of needs within their local communities.

## Workforce development and training

Rural and regional communities are diverse, each with differing strengths and challenges, and it is exposure to this diversity that provides valuable experience and learning for our health workforce. The rural and regional health system plays an increasingly pivotal role in the development of the state's health workforce.

Typically, working in the rural setting provides greater opportunities for clinicians to perform a variety of tasks within their scope of practice, support patient management and decision making, as well as developing their management and administration skills. Rural practice also supports clinicians to operate in different service delivery models and settings, establish local and regional networks and build closer community relationships.[2]

Rural clinical schools have been critical in strengthening the links between the university and health sectors. They have also enabled increasing numbers of medical students to undertake extended clinical training placements in rural locations.

The Victorian *Roads to rural practice strategy* is supported by the rural clinical schools. This strategy aims to retain as many of these 'home grown' graduates as possible, through their internship, second postgraduate year, vocational training and into a rural career.

The government has recently commenced its implementation of a new system of governance for health student clinical placements to drive and implement strategic coordination and locally driven approaches to clinical placement planning. This system includes establishing the Victorian Clinical Placements Council (VCPC) and 11 regional clinical placement networks (CPNs).

These initiatives, along with others to be developed, will assist in encouraging students and health professionals to take up employment opportunities that exist in rural and regional Victoria.

2 Hodson L, Berry A 1993, *Rural practice and allied health professionals: The establishment of an identity*, Queensland Health, Darling Downs.

## Service integration

Victorian rural health services are independent organisations, each with their own boards of management. Many of these services have strong relationships and coordinate services to support access to 'linked up', timely and high-quality healthcare as close to home as possible.

For more than a decade organisations have come together to support better integration of primary healthcare and the broader human service sector through establishing Primary Care Partnerships (PCPs). These partnerships have focused on improving service coordination and integration while supporting a range of service improvements to better respond to the needs of the local community. Although these initiatives have strengthened integration between services, variability still exists.

The PCP model of partnership is one the Victorian Government has sought to preserve in negotiations with the Commonwealth Government on national health reform.

Another example of service integration is the palliative care consortia in rural and regional areas. These consortia bring together members from all funded palliative care services to: undertake regional planning; coordinate service provision; work together on priorities for future service development and funding; implement the service delivery framework and support communication; build capacity; and undertake clinical service improvement initiatives.

Area mental health services (AMHS) seek to integrate mental health services throughout rural and regional Victoria and have been developed to deliver services ranging from acute and secure inpatient facilities to community-based residential or ambulatory services. AMHS work across the continuum of care, and in particular with the not-for-profit and private sector mental health services, predominantly consisting of general practice, allied health professionals, psychiatrists and psychologists. The eight rural AMHS operate at regional or sub-regional levels and deliver care for people with mental health issues across the rural and regional health system.

Strategies that improve the integration of services that support frail older people to retain independent lifestyles and remain socially engaged in their own local community have been trialled in Victoria. For example, the establishment of an access point in Grampians region is helping people get information about aged and community care services.

Aged care service providers work in partnership with local government authorities, other health services and relevant community organisations to improve design amenity for ageing populations, increase community participation and respond well to emergency management issues.

## Governance

The Department of Health is responsible for planning, policy development, funding and regulation of health service providers and activities which promote and protect Victorians' health. This includes a range of public health services, public hospitals and more than 700 external organisations that provide health, mental health and aged care services in metropolitan, rural and regional Victoria.

Rural and regional public health services operate under a system of devolved governance, ensuring local oversight of health service planning and provision. This is a unique feature of the Victorian healthcare system and was strongly defended through the recent national health reform negotiations with the Commonwealth Government. Local governance enables a close connection between health services and their local communities, ensuring accountability for and responsiveness to the specific healthcare needs of local populations.

Rural and regional health service boards have an important role in planning services that respond to their local communities. This planning has a focus on the clinical and financial governance of their service, stakeholder engagement, risk management, workforce development and strategy setting including the implementation of current government health policies.

Rural and regional health service boards work in partnership with the department, through its regional offices, to ensure alignment with long-term planning objectives.

Engaging local communities in the design and management of local health services is an important aspect of good governance. Supporting people to participate in decision making and community planning helps to build an adaptive and responsive rural and regional health system. It can also build a positive connection between the health service organisation and the community.

## Role of government

The Victorian Government's primary responsibility in health is to support the health and wellbeing of all Victorians. It works to achieve this aim by leading and managing the healthcare delivery system and working in partnership with the Commonwealth Government and private providers to meet the healthcare needs of local communities.

In August 2011 the Council of Australian Governments (COAG) signed a national health reform agreement. The Victorian Government was determined to ensure the national reform process built on the existing strengths of Victoria's rural and regional health system such as the devolved governance of local health services and the flexible funding approaches used in small rural health services.

The Victorian Government is working with the Commonwealth Government on the following initiatives.

- Developing a joint primary healthcare plan. The plan aims to set key directions for a future collaborative approach to integrated and more effective primary healthcare service delivery. The plan will be consistent with the outcomes, principles and priorities identified in the *Victorian Health Priorities Framework 2012–2022*. The primary healthcare plan will provide a coordination mechanism and directional statement for working effectively with Medicare Locals to integrate care provided by general practice and other primary healthcare providers, both public and private, across the continuum in rural and regional Victoria as well as in metropolitan Melbourne.

- Ensuring the strengths of the Victorian HACC and Aged Care Assessment Program (ACAP) are maintained and that the role of local government in providing HACC services is recognised.

- Progressing the Closing the Gap agenda by developing and implementing coordinated strategies that address the range of chronic diseases that impact on the health of Aboriginal Victorians.

## Moving the rural and regional health system forward

The rural and regional healthcare system must continue to evolve and change in response to the challenges it faces to remain sustainable and robust. This will require elements that are working well to be strengthened, with further support to enable clinically appropriate and cost-effective practice to be achieved across the health system.

Rural and regional people should have timely access to the range of appropriate services within their regional area. While most rural communities have relatively good access to a range of health services close to home, there is still often a need to travel to receive more complex care. Improved area-based planning and development of system capacity should aim to reduce the amount of variability in the level and type of services available across regions.

By working across a geographical area, health services are well positioned to recognise the role they play in providing a modern collaborative and coordinated health system. This will include building the capacity and capability needed to meet the emerging and changing service needs of their communities.

To ensure the health system meets the full range of needs of people living across rural and regional Victoria, larger health services based in regional areas must work closely with the smaller locally based health services as part of a broader catchment. This approach must also extend to specialist metropolitan health services to ensure rural and regional Victorians are able to access a range of appropriate services when they are required.

It is important to recognise that some services are appropriately provided at a statewide level or at the regional level where there is a critical mass of activity, workforce and expertise to deliver clinically appropriate and cost-effective care. There exists, however, scope to improve access to these services.

State-funded regional health services are expected to continue to provide a strong leadership role within their respective regions. This includes supporting service provision through improved coordination and outreach, and providing clinical advice and specialist support when required to services located in sub-regional and local areas.

Where these regional health services have already developed clear collaborative relationships with sub-regional and local health providers, there is greater opportunity to share resources, including the specialist clinical workforce. Strategies such as shared appointments to provide clinical expertise including emergency, obstetrics and procedural specialties to support sub-regional and local health services should be further explored.

Ensuring the roles and responsibilities of health service providers are clearly articulated will help to reduce service duplication and support the delivery of clinically appropriate and cost-effective services across the rural and regional health services system. Consideration will need to be given to the service capability at each health service and appropriate arrangements put in place. Working collectively, health services have greater capacity to deliver more sustainable specialist services to their communities over the longer term than when agencies act independently.

The establishment of mechanisms such as integrated care networks will help to formally bring together local health professionals from across the public, private and not-for-profit sectors. These local networks will support the implementation of statewide clinical guidelines by developing pathways that better support the care needs of people in their local communities. By working together, clinicians will be better placed to understand the unique role they each play in the delivery of care across the continuum.

Residential aged care is also a cornerstone of the rural and regional health system. In many rural locations, publicly funded services are the sole provider of residential aged care and help to maintain the critical mass necessary to sustain a range of other health services in a local community. It will be important to develop appropriate services to meet the needs of older people in rural and regional communities and support the effective functioning of the broader health system.


AMBULANCE

# Key challenges for the healthcare system in rural and regional Victoria

Rural and regional health providers face a number of unique challenges; however there are many challenges that are similar to those experienced by metropolitan-based health service providers. The issues identified in this paper are, or will in the future, drive the need for effective systematic responses from our rural and regional healthcare system.

Responding to the challenges facing rural and regional Victoria will require government and health services to continue to: think differently about how to manage service access; ensure patient safety and quality; deliver more flexible and targeted training and support to ensure a highly skilled workforce; manage the rising cost of healthcare and ensure value for money for resources invested; adapt to changes in clinical practice and innovation; adopt new information and communication technology into practice; and support the community to be active participants in their own healthcare.

The analysis of key data presented in the *Rural and Regional Health Plan: Technical Paper* identifies several key challenges that will place continuing demand on rural and regional communities and their healthcare services. Of particular relevance are variability in health status, health outcomes and service availability. A summary of this analysis is outlined in Figure 5.

The need to develop a systematic response to these issues is critical for all communities. The benefits of such responses are likely to be more evident in some rural settings where communities are currently experiencing poorer health status and outcomes. Systematic responses should aim to improve everyone's health but must also focus on narrowing the gap within and between communities.

Consistent with the framework, these challenges are grouped either as challenges relating to people's health or as health system challenges. Key priority challenges have been summarised below and further detailed in the following section.

The people-focused challenges include:

- reducing the disparity in health behaviours and health outcomes among rural Victorians
- addressing the social determinants and relative disadvantage experienced by some rural and regional communities (these are significant drivers of poorer health outcome and health status)
- improving the health literacy[3] of all rural and regional Victorians, with a particular focus on those most disadvantaged.

The system-focused challenges include:

- reducing unnecessary and avoidable variability of service access across rural and regional areas
- ensuring service design and capacity is flexible enough to respond to the changes in demand across rural and regional Victoria
- developing a better understanding of rural and regional health outcomes
- ensuring a viable rural and regional health service system.

3 An individual's ability to read (or otherwise apprehend), understand and use healthcare information to make decisions about their health and follow instructions for treatment.

## Reducing the disparity in health behaviours and health outcomes among rural Victorians

Most rural and regional Victorians experience relatively good health; however, there is variability between communities.

Rural and regional Victorians are less healthy overall than their metropolitan counterparts, with many displaying poorer health-related characteristics and behaviours. People in rural and regional Victoria on average are more likely to be overweight or obese, have higher rates of tobacco smoking, higher levels of alcohol consumption, and insufficient consumption of fruit and vegetables.

In some rural locations health-related risk behaviours and characteristics are more pronounced, particularly when comparing the population of inner rural Victoria with middle and outer rural Victoria. Middle and outer rural communities on average report higher rates of health-related risk behaviours.

However, there are specific rural and regional communities where some reported positive health behaviours are higher than average.

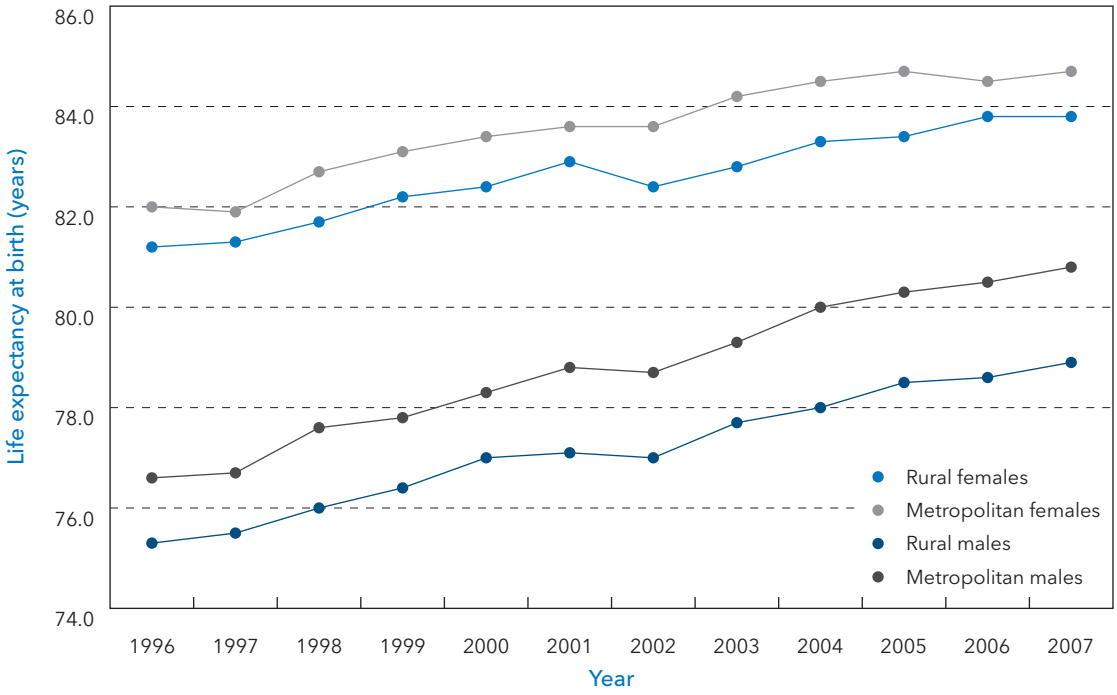
This variability within and between communities requires attention into the future.

It is therefore important that each of these health-related behaviours is further analysed and acted upon at the local community level. There is also variability within and between communities.

Life expectancy is a key health outcome measure. In Victoria, life expectancy varies considerably by gender, region and indigenous status.[4] Victorians living in rural areas overall have lower life expectancy than those living in metropolitan areas (Figure 4).

4 Indigenous status refers to those people of Aboriginal or Torres Strait Islander descent who identify as an Aboriginal or Torres Strait Islander and are accepted as such by the community in which they live. http://www.abs.gov.au/ausstats/abs@.nsf/mf/3126.0#WHO%20IS%20AN%20INDIGENOUS%20PERSON%3F

Figure 4: Life expectancy at birth by gender: metropolitan and rural and regional areas, 1996–2007




As outlined in Figure 5, differences in life expectancy also exist between the rural and regional areas, with the highest life expectancy for females reported at 86.3 years in the Geelong and Coast profile area while the lowest reported is 81.5 years in the South West profile area. There are also considerable differences within a single profile area. In the South West profile area, the life expectancy of females varies between local government areas (LGAs) by 3.4 years on average. For males living in the Central Vic profile area, life expectancy differs by 4.5 years between LGAs within the area. When life expectancy data is compared using groupings of LGAs based on distance from Melbourne, it is notable that the life expectancy for both females and males is higher in rural and regional areas closer to metropolitan Melbourne.

The summary table (Figure 5) is drawn from the *Rural and Regional Health Plan: Technical Paper* and highlights the areas of significant variability between populations residing in all 11 profile areas. The technical paper provides further information about health determinants, health status and health service access.

Figure 5: Summary of determinants of health and health status, by profile area
Consideration of these variables should inform planning, development and the implementation of health intervention priorities across rural Victoria.

| PROFILE AREA | CENTRAL AND UPPER HUME | CENTRAL AND WEST GIPPSLAND | CENTRAL HIGHLANDS | CENTRAL VIC | GEELONG AND COAST |
|---|---|---|---|---|---|
| LGAs | Alpine, Benalla, Indigo, Mansfield, Towong, Wangaratta, Wodonga | Baw Baw, Latrobe | Ballarat, Golden Plains, Hepburn, Moorabool | Campaspe, Central Goldfields, Greater Bendigo, Loddon, Macedon Ranges, Mount Alexander | Colac-Otway, Greater Geelong, Queenscliffe, Surf Coast |
| Current population (percentage of total rural population) | 122,955 (8.4%) | 119,065 (8.1%) | 158,302 (10.8%) | 225,184 (15.3%) | 271,652 (18.5%) |
| Projected population by 2022 | 135,459 (7.9%) | 139,654 (8.2%) | 192,513 (11.2%) | 260,094 (15.2%) | 327,822 (19.1%) |
| Percentage change in population | 10.2% | 17.3% | 21.6% | 15.5% | 20.7% |
| Population cohort aged 65 years to 84 years: projected change by 2022 | 17,448 to 26,616 (52%) | 15,713 to 25,416 (61%) | 19,131 to 32,787 (71%) | 31,478 to 48,579 (54%) | 38,050 to 56,912 (49%) |
| Key health behaviours or risk factor rates significantly above state average | Population overweight or obese<br>Premature mortality rate and disability<br>Risky alcohol consumption | Rate of smoking (18+) | Not meeting dietary guidelines for fruit and vegetables<br>Not meeting physical activity guidelines | Population overweight or obese<br>Risky alcohol consumption<br>Not meeting dietary guidelines for fruit and vegetables<br>Not meeting physical activity guidelines | Population overweight or obese<br>Rate of smoking (18+)<br>Risky alcohol consumption<br>High levels of distress<br>Have type 2 diabetes<br>Not meeting dietary guidelines for fruit and vegetables |
| – percentage of households earning < $650 (Vic avg 30.6%) | 36.6% | 38.7% | 35.6% | 38.1% | 35.6% |
| – percentage unemployment rate (Vic avg 5.5%) | 5.5% | 5.5% | 7.0% | 5.8% | 5.5% |
| Life expectancy (years)<br>– Male | 76.7 to 80.3 | 76.9 to 78.5 | 77.7 to 80.9 | 75.3 to 79.8 | 78.3 to 81.2 |
| – Female | 83.0 to 84.8 | 82.2 to 83.8 | 82.0 to 85.0 | 82.2 to 84.8 | 83.6 to 86.3 |

| EAST GIPPSLAND-WELLINGTON | GOULBURN VALLEY AND LOWER HUME | MALLEE | PYRENEES AND WIMMERA | SOUTH COAST | SOUTH WEST |
|---|---|---|---|---|---|
| East Gippsland, Wellington | Greater Shepparton, Mitchell, Moira, Murrindindi, Strathbogie | Buloke, Gannawarra, Mildura, Swan Hill | Ararat, Hindmarsh, Horsham, Northern Grampians, Pyrenees, West Wimmera, Yarriambiack | Bass Coast, South Gippsland | Corangamite, Glenelg, Moyne, Southern Grampians, Warrnambool |
| 87,872 (6.0%) | 151,281 (10.3%) | 95,213 (6.5%) | 69,853 (4.8%) | 59,053 (4.0%) | 107,072 (7.3%) |
| 98,169 (5.7%) | 195,208 (11.4%) | 102,543 (6.0%) | 72,071 (4.2%) | 71,453 (4.2%) | 117,343 (6.9%) |
| 11.7% | 29.0% | 7.7% | 3.1% | 21 % | 9.6% |
| 14,805 to 23,301 (57%) | 20,883 to 33,270 (59%) | 13,452 to 18,625 (38%) | 11,973 to 15,784 (31%) | 10,985 to 17,306 (57%) | 15,186 to 21,816 (43%) |
| Population overweight or obese<br>Rate of smoking (18+) | Rate of smoking (18+)<br>Risky alcohol consumption<br>Not meeting physical activity guidelines | Population overweight or obese<br>Risky alcohol<br>High levels of distress<br>Not meeting dietary guidelines for fruit and vegetables | Population overweight or obese<br>Rate of smoking (18+)<br>Risky alcohol consumption | Risky alcohol consumption<br>Not meeting physical activity guidelines | Population overweight or obese<br>Risky alcohol consumption<br>Not meeting physical activity guidelines |
| 42.8% | 36.4% | 40.9% | 43.5% | 44.3% | 36.9% |
| 4.6% | 6.6% | 7.1% | 6.3% | 4.0% | 4.8% |
| 78.0 to 78.4 | 76.4 to 79.2 | 76.9 to 78.5 | 75.7 to 78.1 | 78.3 to 79.4 | 76.9 to 79.2 |
| 83.1 to 83.3 | 82.8 to 84.1 | 82.8 to 84.6 | 82.0 to 85.0 | 83.4 to 84.4 | 81.5 to 84.9 |

Source: Department of Health 2011, *Rural and Regional Health Plan: Technical Paper*, State Government of Victoria, Melbourne

## Addressing the social determinants and relative disadvantage experienced by some rural and regional communities

A variety of social and environmental factors influence health status and health outcomes; these factors are often described as the social determinants of health. Health status is largely attributable to these determinants and influenced by health-related behaviours.

Disadvantage is an important determinant of health status. Compared with metropolitan Melbourne, rural and regional Victoria has a larger proportion of population groups that are likely to be disadvantaged including low-income earners, the aged, those in public housing, people living with a disability and Aboriginal and Torres Strait Islanders. For example, all rural profile areas have more than 35 per cent of households earning less than $650 per week, with this percentage increasing to over 40 per cent of households living in the East Gippsland-Wellington, Mallee, Pyrenees/Wimmera and South Coast profile areas. This is in comparison with less than 30 per cent in the metropolitan area. It is also evident that there are variable unemployment rates across rural and regional Victoria (see Figure 5).

In 2006 just over half (a total of 18,900) of all Aboriginal people in Victoria resided in rural areas. The life expectancy gap between Aboriginal people and non-Aboriginal people is large, relative to other differences. National data indicates that, when compared with Victorian life expectancy data, Aboriginal males are expected to live an average of 13.1 years fewer and Aboriginal females 11.5 years fewer than their Victorian non-Aboriginal counterparts.

The rates for potentially avoidable hospital admissions are consistently higher for people experiencing high levels of disadvantage. The most socioeconomically disadvantaged group of Victorians is 19 per cent more likely than average to require hospital admission for a chronic condition, and 30 per cent more likely than average to require admission for a vaccine-preventable condition.

Our health and wellbeing is influenced by a wide range of individual, social, cultural, economic and environmental factors (see Box 1). It is also important that rural and regional Victorian children and families have the support they need, including access to maternal and child health services, early learning services and parenting support, to ensure children have the best start possible.

### Box 1: Determinants of health and wellbeing

Individual factors that influence health and wellbeing include genetic make-up, early life experiences, age, gender, ethnicity and the cumulative effect of health-related behaviours over the life course.[5] Social and environmental influences include factors such as: access to schools and education; employment and housing; conditions of work and leisure; and social connections. The state of housing, neighbourhoods and the environment also play a role, as does exposure to environmental hazards and infectious agents. Access to appropriate, effective healthcare and health interventions are also important determinants.

Individuals and populations experiencing disadvantage are more likely to have compromised health and poorer health outcomes. Disadvantage occurs when an individual, family or community is deprived of the resources or opportunities that underpin social and economic wellbeing. Disadvantaged people and communities lack material resources (income, housing, services and transport), skills/knowledge resources (education, health) or 'social capital' resources (social participation, inclusion and strong governance).[6]

It is important that these factors are considered when developing strategies at both the population level and individual level. Tailoring and targeting approaches, particularly those aimed at promoting healthier behaviours, must be locally sensitive and responsive and take into consideration the impact that the determinants of health may have on a community's or an individual's ability to change their behaviour.

Addressing the determinants is a whole-of-government and industry activity that will help to improve health status and outcomes, but it is not a single solution to managing the demand on health services. Investing in the prevention of disease and the delay of onset is a longer term investment that will help reduce demand over time but will not be able to fully address demand for healthcare services, particularly in the short term as the population grows and ages. Strategies aimed at addressing this challenge are outlined under the Priorities for rural and regional Victoria section later in this document.

5 Bacon N, Brophy M, Mguni N, Mulgan G, Shandro A 2010, *The state of happiness: Can public policy shape people's wellbeing and resilience?*, Young Foundation, London.

6 Department of Planning and Community Development 2011, *Change and disadvantage in regional Victoria: an overview*, online at <http://www.dpcd.vic.gov.au>

## Improving the health literacy of all rural and regional Victorians, with particular focus on those most disadvantaged

Engaging people in the decision-making process about their own healthcare is an important aspect of healthcare delivery. Health literacy is the term used to describe the ability to understand and interpret health-related information. People (and their carers) who have higher levels of health literacy are better able to participate in and make decisions about their healthcare. The ability to understand and interpret health-related information requires a health literacy level of above 4.

Without clear information and an understanding of the information's importance, people are more likely to not attend necessary medical tests, end up in emergency departments more often, and have a harder time managing conditions such as diabetes or high blood pressure.[7]

National studies indicate that only a very small percentage of the population has adequate levels of health literacy. While data specific to the Victorian rural and regional setting is not available, rural and remote communities are more likely to have lower levels of health literacy than their metropolitan counterparts.[8]

Lower health literacy levels may be contributing to the poorer health status and health outcomes experienced by rural and regional Victorians.

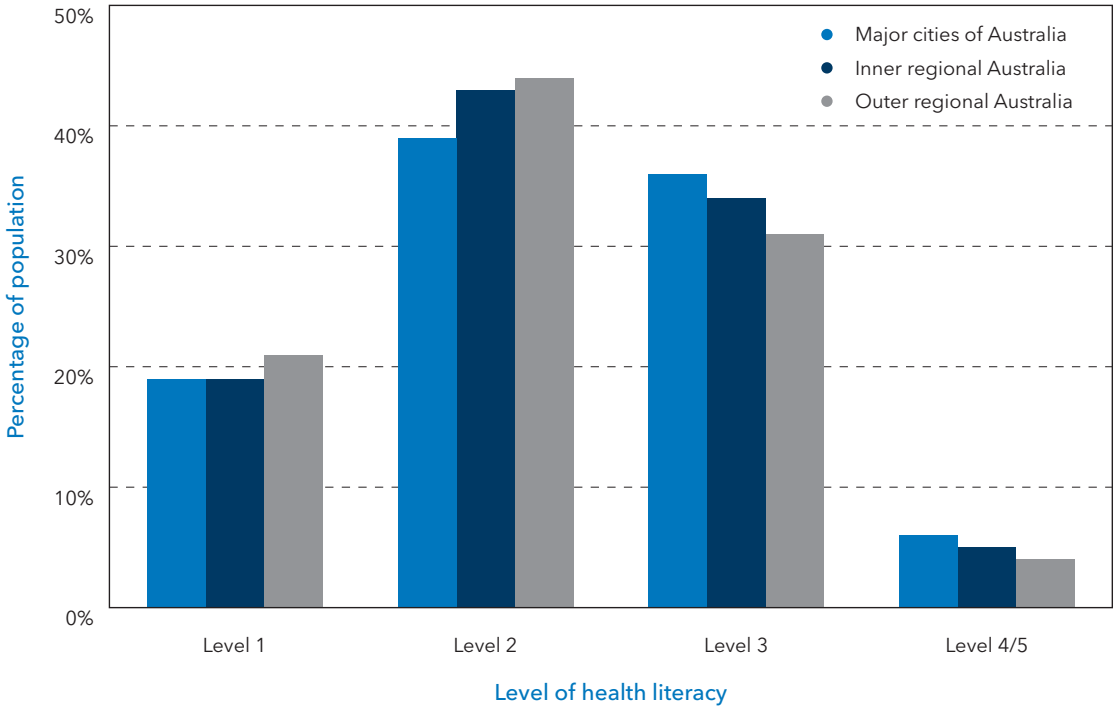
A combination of lower health literacy and the poorer health status of rural people is likely to have compounding adverse affects on their ability to effectively manage their own health and therefore impact on their health status.

Addressing health literacy may have a significant impact, particularly in relation to health-related risk behaviours such as diet and exercise, and may lead to more appropriate utilisation of health services.

7 Department of Health 2011, *Victorian Public Health and Wellbeing Plan 2011–2015*, State Government of Victoria, Melbourne.

8 Australian Bureau of Statistics 2006. Health Literacy Australia, cat. No. 4233.0. viewed at <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4233.02006?OpenDocument>

Figure 6: Level of health literacy among Australians, by major city, inner regional and outer regional grouping




The *Priorities for rural and regional Victoria* section of this document outlines a range of actions to address this challenge.

Source: Australian Bureau of Statistics, 2008. *Health Literacy, Australia 2006*. cat no. 4233.0

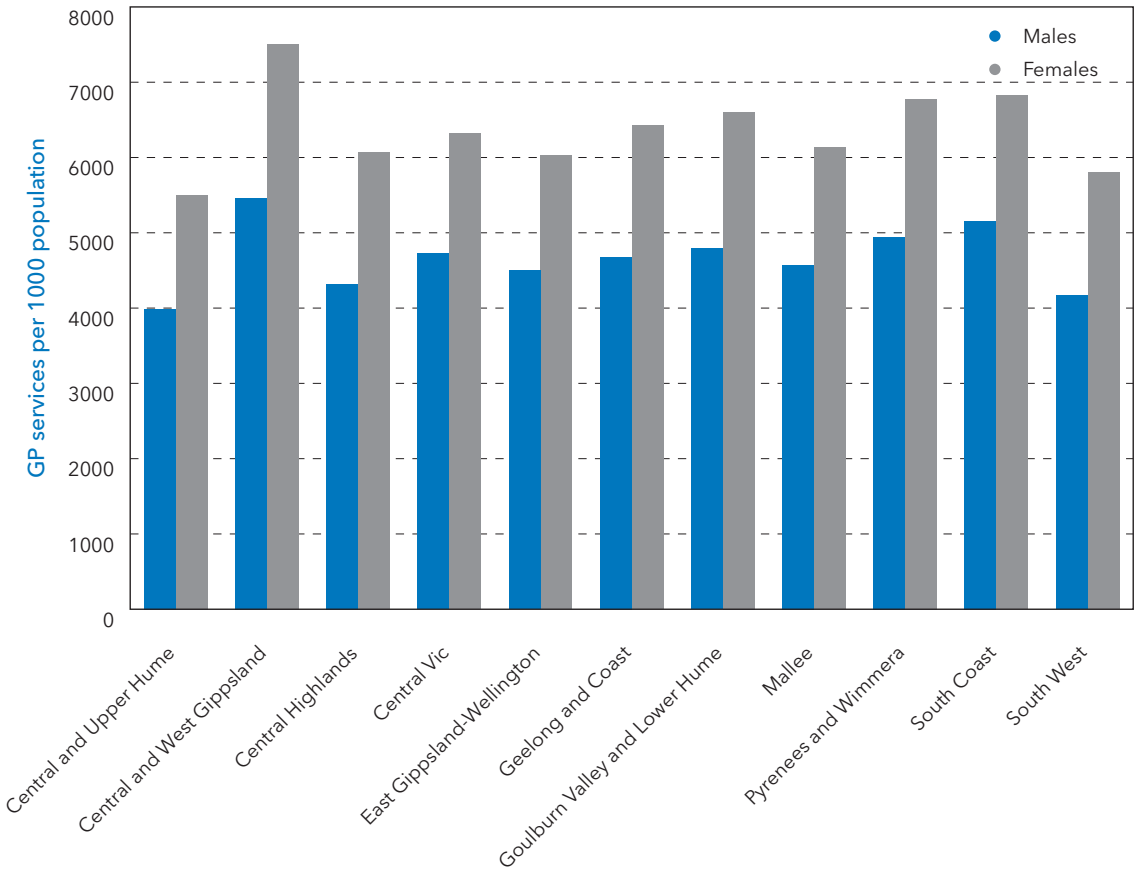
## Reducing unnecessary and avoidable variability in service access and utilisation across rural and regional areas

A number of factors can influence both healthcare behaviour and use of healthcare services including: service availability and ease of access; service cost; access to alternative services; and consumer choice.

In Victoria the utilisation of general practice services per 1,000 people varies across profile areas (see Figure 7). This variability may be due, in part, to the distribution, capacity and co-payment requirement of general practice services across the state. For example, while the rate per 1,000 is similar in many areas, there is variability in the density of general practice services in rural and regional areas.

For example, Goulburn Valley Division of General Practice and the Mallee Division of General Practice serve similar populations from approximately the same number of locations (28 and 27 respectively), yet the number of practising GPs varies considerably. Goulburn Valley Division of General Practice reported 114 GPs across their catchment in 2009–10, while the Mallee Division of General Practice reported only 74 for the same time period.[9] In outer regional areas, a greater number of general practice services are likely to be concentrated in larger towns. This concentration of services in larger towns can create access issues for people living in more remote parts of rural Victoria, often requiring people to travel into larger towns to access primary healthcare.

Figure 7: GP services (MBS and DVA) per 1,000 population by profile area, 2009–10




9 Primary Health Care Research and Information Service 2011, *Key division of general practice characteristics 2009–2010*, PHC RIS, Adelaide.

Source: *Social Health Atlas of Victorian Local Government Areas*, 2011, PHIDU, www.publichealth.gov.au

Research demonstrates a difference in levels of general practice utilisation between males and females (Figure 7). Older men in rural areas are less likely to go to a doctor than those in urban areas and, when they do, they are less likely to discuss particular issues such as depression and sexual health.[10]

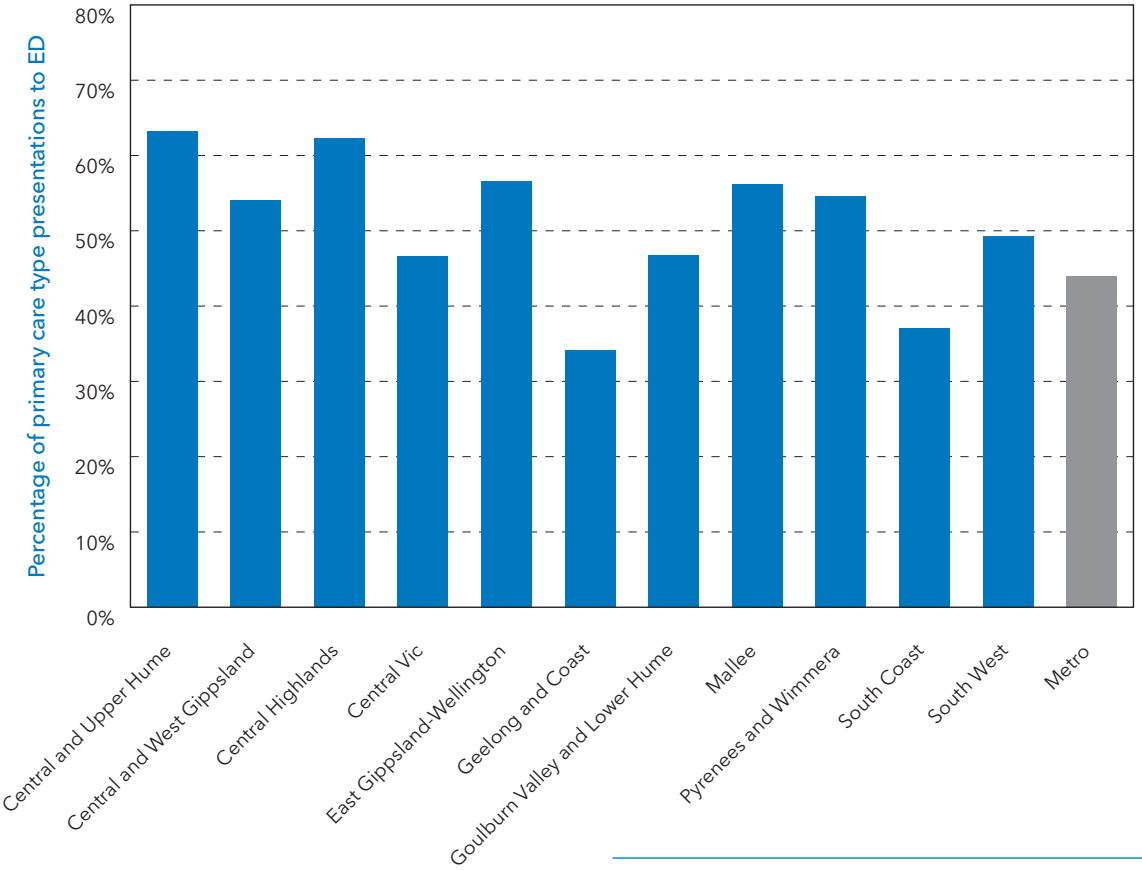
Research conducted in a New South Wales rural area found that men from isolated communities ranked geographical access to doctors as the most important consideration in determining utilisation of care.

Ensuring individuals have the requisite levels of health literacy and access to the necessary information about service availability can help to promote appropriate service use.[11]

When there is a barrier to service access (such as location) service substitution may occur, where the unavailable services are replaced with similar but less appropriate services. Service substitution may occur, for example, when an individual substitutes primary care services for services available in hospital emergency departments.

For example, in the Pyrenees and Wimmera and the Central Highlands profile areas the percentage of primary care type presentations to emergency departments is greater than 50 per cent (Figure 8).

Figure 8: Primary care type presentations to emergency departments, 2009–10




10 Council on the Ageing 2008, *A strategic policy framework for older men's health*, COTA, Melbourne.

11 Humphreys JS, Mathews-Cowey S, Weinand HC 1997, 'Factors in accessibility of general practice in rural Australia', *Medical Journal of Australia*, vol. 166, pp. 577–580.

Source: Department of Health 2010. Victorian Emergency Minimum Dataset, 2009-10

This corresponds to a markedly lower ratio of GP to population across the Grampians Region compared with other rural and metropolitan regions, and may be contributing to the service utilisation patterns.

The structure of the service system, which is designed to support the delivery of high-quality healthcare services, can result in some rural and regional people having to travel outside of their local area to receive care. This is particularly evident for some people living in smaller, more isolated areas who may need to travel to larger regional centres or the metropolitan area for some types of care.

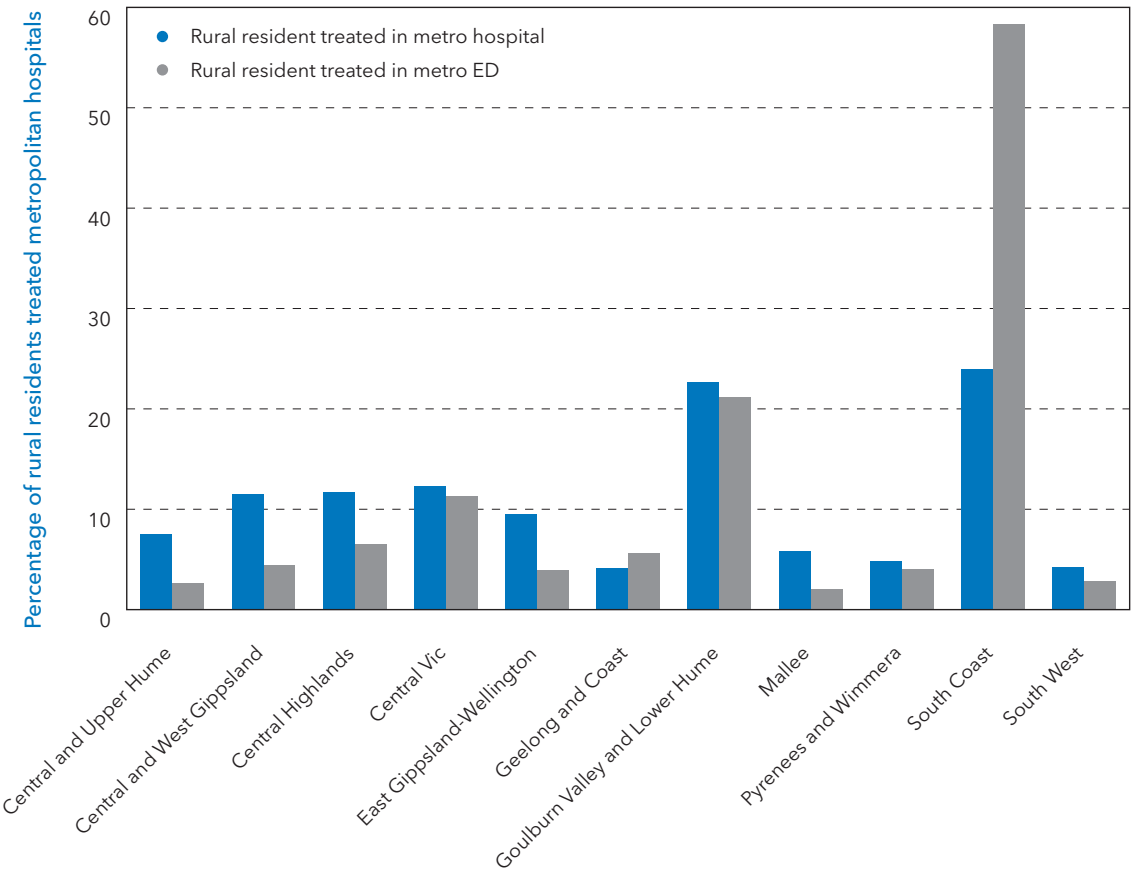
A range of factors including patient choice and the complexity of care required influences the amount and pattern of patient travel and 'flow' between services. In most cases, this travel is necessary because some services are more clinically appropriate and cost-effective when delivered in a few locations, but sometimes this travel is unnecessary or avoidable as care could be delivered closer to where people live using alternative models of care.

Travel is only one way to overcome the issue of service access for rural and regional people. Better utilisation of telehealth solutions can help to bring services to rural people rather than bringing rural people to the service location. Telehealth can also overcome the constraints of distance for rural and regional clinicians by linking them to other professionals and more specialist supports.

Measuring the number of people who travel to metropolitan health services from their usual rural and regional place of residence is one method used to better understand the pattern of patient travel and flow.

Figure 9 demonstrates that a proportion of people from all rural areas travel to (or are being transported to) services in the metropolitan area to be treated in emergency departments or as an inpatient. It is important to consider that on many of these occasions the transporting of people to other services is clinically appropriate; however, this pattern may also reflect the way people choose to utilise health services and highlights the important link between metropolitan and rural service planning.

Figure 9: Percentage of rural residents treated in a metropolitan public hospital (excluding appropriate travel to specialist services) or emergency department who reside in each profile area*




Ensuring the right mix of services are available across a larger geographical area requires careful planning. Configuring the service system to deliver the most appropriate range of services is a fundamental step towards reducing the unnecessary and avoidable variability in service access and utilisation.

Further analysis is needed to determine the most clinically appropriate and cost-effective service configuration across rural and regional areas. The Priorities for rural and regional Victoria section of this document outlines a range of actions to address this challenge.

Source: Department of Health 2010. Victorian Emergency Minimum Dataset, 2009-10

* Note: South Coast profile area did not have an emergency department prior to 2009, which would impact on the percentage of people travelling from this profile area to metropolitan locations.

Excludes specialist hospitals.

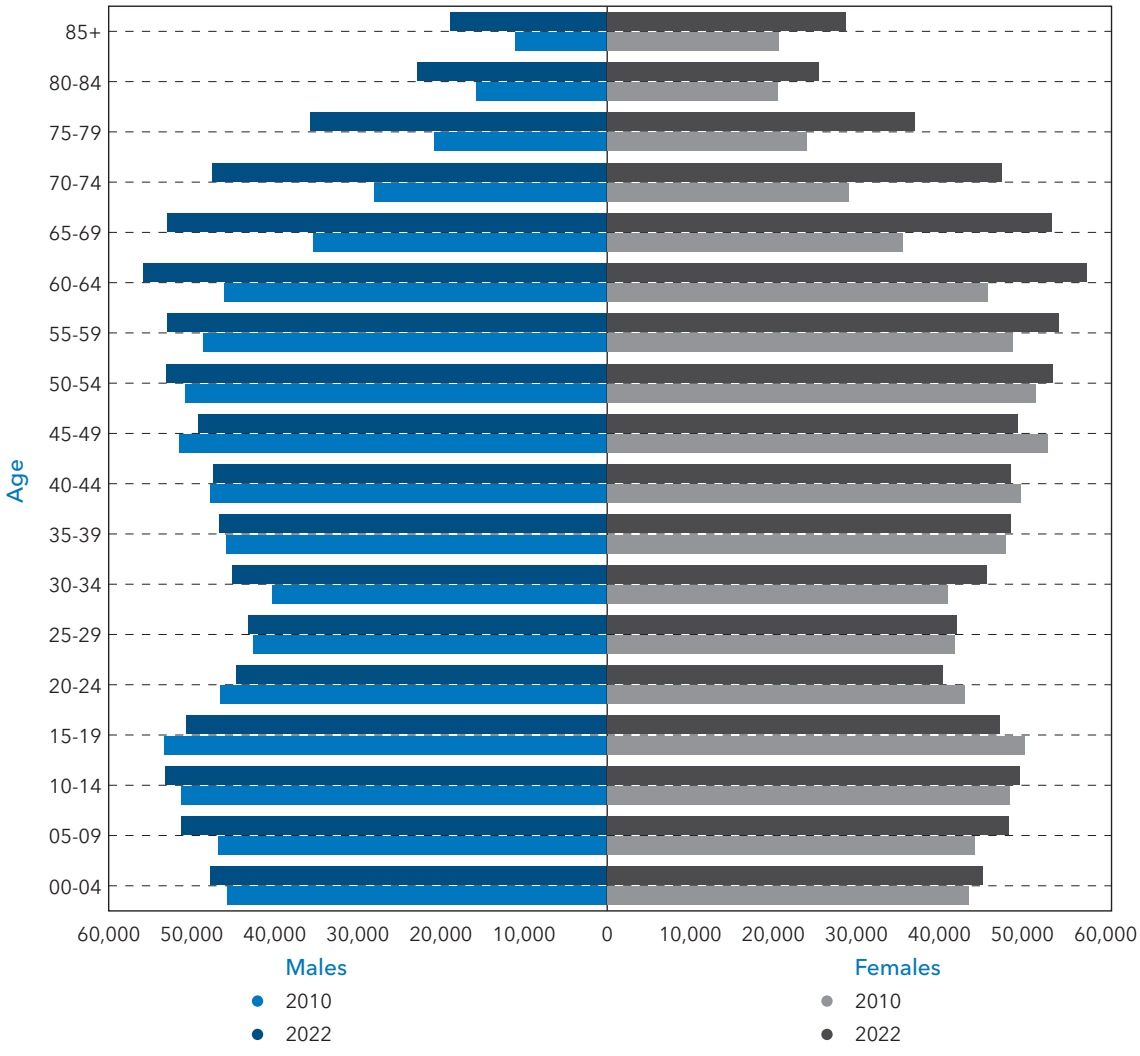
## Ensuring service design and capacity is flexible enough to respond to changing population needs

Demand for health services in rural and regional Victoria will continue to increase as the population grows and ages. This is true for most of the state; however, this growth will not be evenly spread. The largest increases in rural and regional Victoria are anticipated to occur in established regional centres, coastal areas and at the boundaries between traditional metropolitan and regional areas.

In some rural and regional areas there are particular challenges of ageing of the population, with the proportion of people aged 60 years and over higher than in the past 40 years (see Figure 10).

The ageing of the population will increase the demand for health services as older people, not surprisingly, consume significantly more health services than younger people. In addition, conditions associated with ageing, such as reduced functional ability and cognitive impairment, will increase the demand for community-based support services and residential aged care.

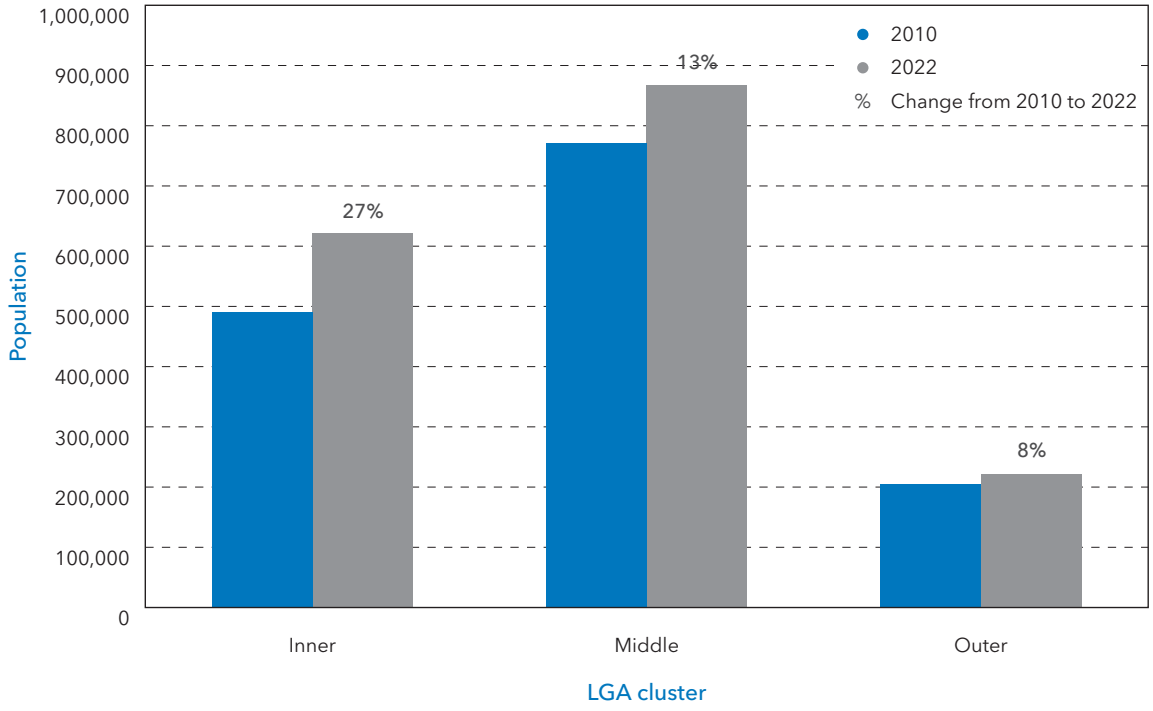
Figure 10: Absolute population growth for rural and regional Victoria, 2009–2022




Source: Population data prepared by Department of Planning and Community Development in 2011 based on ABS population estimates for 30 June 2010,

Projected population growth to 2022 will impact most significantly on inner rural and regional areas with smaller increases forecast in middle and outer rural areas (see Figure 11).

Figure 11: Projected population numbers and percentage change across the LGA clusters in 2022




* LGAs within each cluster are outlined in the table below

| LGA CLUSTER | LGAs |
|---|---|
| Inner LGA cluster | Bass Coast (S), Baw Baw (S), Golden Plains (S), Greater Geelong (C), Macedon Ranges (S), Mitchell (S), Moorabool (S), Murrindindi (S), Queenscliffe (B), South Gippsland (S), Surf Coast (S) |
| Middle LGA cluster | Alpine (S), Ararat (RC), Ballarat (C), Benalla (RC), Campaspe (S), Central Goldfields (S), Colac-Otway (S), Corangamite (S), Greater Bendigo (C), Greater Shepparton (C), Hepburn (S), Indigo (S), Latrobe (C), Loddon (S), Mansfield (S), Moira (S), Mount Alexander (S), Moyne (S), Northern Grampians (S), Pyrenees (S), Southern Grampians (S), Strathbogie (S), Wangaratta (RC), Warrnambool (C), Wellington (S), Wodonga (RC) |
| Outer LGA cluster | Buloke (S), East Gippsland (S), Gannawarra (S), Glenelg (S), Hindmarsh (S), Horsham (RC), Mildura (RC), Swan Hill (RC), Towong (S), West Wimmera (S), Yarriambiack (S) |

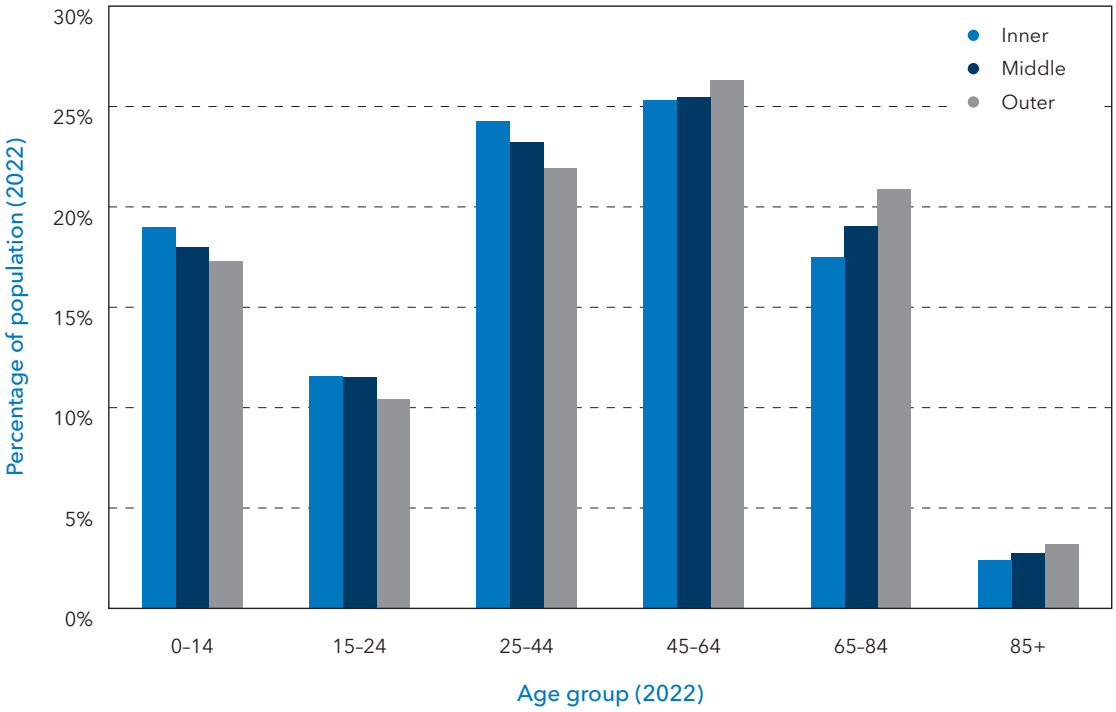
(S) Shire Council, (RC) Rural City Council (B) Borough Council (C) City Council

* Note: It is noted that for some government planning purposes the Yarra Ranges Shire Council is divided by Statistical Local Area (SLA) boundary in to both rural and metropolitan population projections. However, for the purposes of health service planning the total LGA is captured in the *Metropolitan Health Plan* and therefore excluded in this planning document.

Source: Population data prepared by Department of Planning and Community Development in 2011 based on ABS population estimates for 30 June 2010

Outer rural and regional areas will, however, experience higher percentages of people aged over 65 years when compared with the inner and middle areas (see Figure 12).

Figure 12: Projected percentage of population by age group across the LGA clusters in 2022

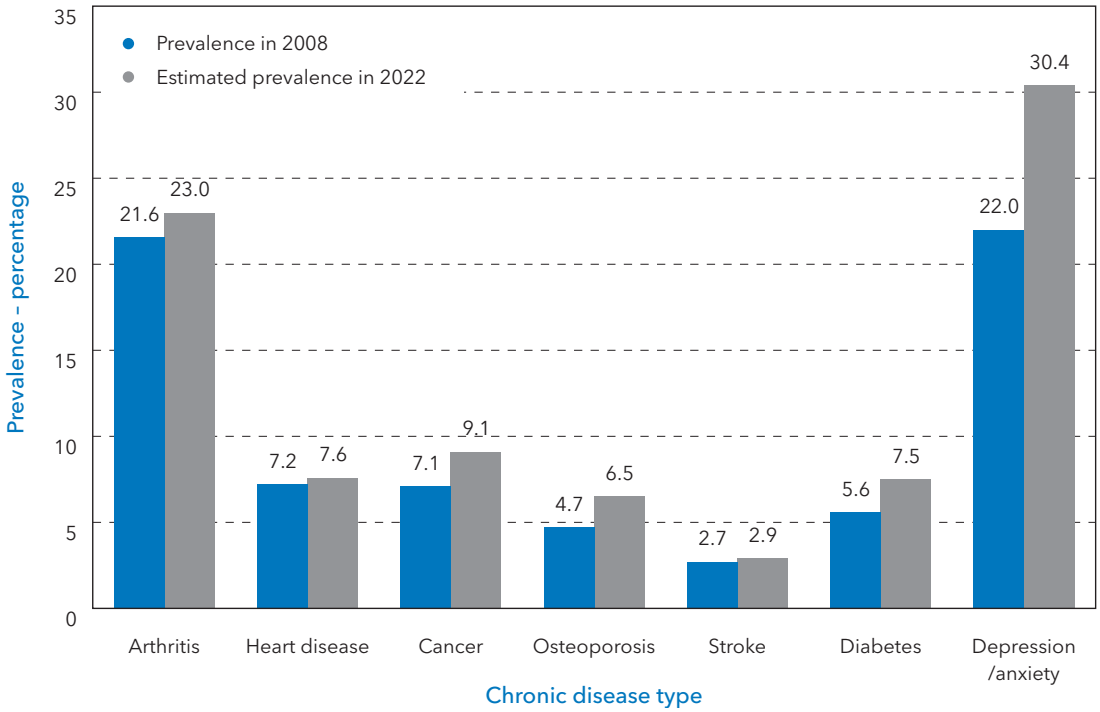



Source: Population data prepared by Department of Planning and Community Development in 2011 based on ABS population estimates for 30 June 2010

## The burden of disease is increasing

Across rural and regional Victoria there is a projected increase in the prevalence of a number of chronic disease conditions (see Figure 13). The changing patterns in population distribution of, and prevelance of chronic disease, will result in a changing demand for health service types, models and volume.

Figure 13: Projected prevalence of selected chronic diseases in rural and regional Victoria in 2022




Source: Victorian Population Health Survey 2008 and Department of Health, Health Intelligence Unit, 2011.

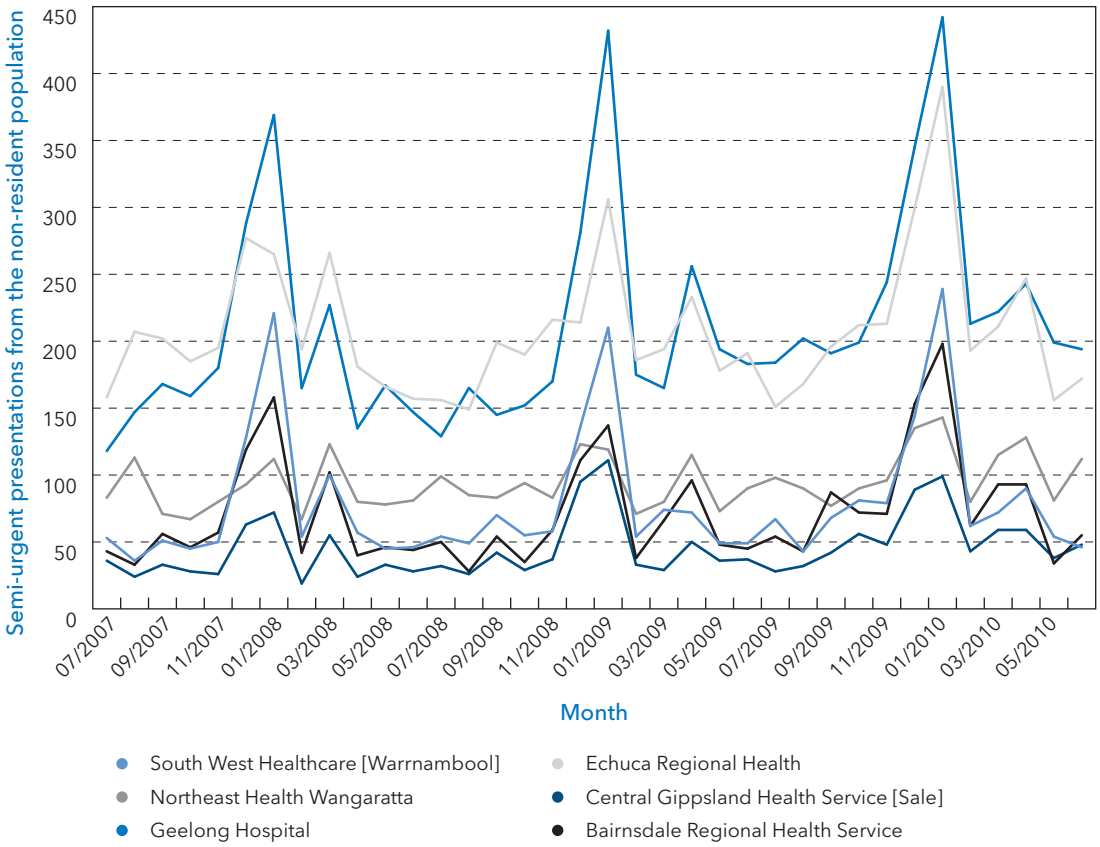
This changing demographic profile will affect the amount and type of service demand variably across rural and regional Victoria. Building a system that is responsive to these changing needs is an important task for the future.

Some rural and regional areas are also subject to seasonal population changes driven by tourism, sport and recreation patterns and employment opportunities such as fruit-picking and ski-fields work. The influx of an additional population, particularly in smaller communities, presents many challenges and opportunities, particularly for pharmacy, primary medical care and emergency department attendances. For health services this means managing the potential increase in service demand created by the seasonal migration.

Figure 14 illustrates the number of semi-urgent emergency presentations by non-residents by month at some health services located in rural Victoria during the period July 2007 to June 2010. The trend indicates that hospitals experience seasonal variability in demand, with changes in the numbers of non-residents presenting at emergency departments evident on an annual basis. This most likely reflects the movement of people for seasonal employment, holidays and community events at varying times throughout the year.

Ensuring there is sufficient and flexible capacity across the local and regional area to respond to these changes will require the system to work together in a coordinated and integrated way.

Figure 14: Total number of semi-urgent presentations from the non-resident population by month (VEMD) for selected rural hospitals, July 2007 – June 2010




Source: Department of Health 2010. Victorian Emergency Minimum Dataset, 2009-10

## Developing a better understanding of rural and regional health outcomes

Improved data collection and information management is required to develop a better understanding of outcomes for the people using the system and for the system itself. Increased focus on clinical appropriateness and cost-effectiveness is also required to better understand how outcomes can continue to be improved. Currently, there is relatively good high-level population data such as mortality and life expectancy; however, this type of data is sometimes difficult to access in a timely way and does not lend itself to immediate action.

The majority of the available information about the health service system tells us which services have been provided and in what number, and therefore limits the insight into clinical outcomes, patient experiences and system efficiency. There is limited information available about health determinants and the impacts of health services on communities.

A comprehensive system for collecting, analysing and reporting clinical appropriateness, cost-effectiveness and clinical outcome data at an individual patient level or clinical group level is important for more effective service planning and improvement. Clinical group level data might include, for example, information about all patients who have undergone a total hip replacement or quality of life measures for people with cardiac failure.

In addition, such a system should enable a consistent and robust analysis of cost-effectiveness, productivity or return on investment for different models of service provision, workforce configurations, capital and asset management or service organisation. This data collection and analysis must be consistent across the state and current gaps in data from smaller rural communities and providers should be addressed in a cost-effective manner without being overly burdensome.

## Ensuring a viable and responsive rural and regional health service system

Recent consultations with communities and service providers in rural and regional Victoria have highlighted a number of challenges that have a significant impact on delivering clinically appropriate and cost-effective services.

Clinicians and health service managers described challenges associated with poor access to, or utilisation of, the types of information technology that would assist them to deliver care locally, such as videoconferencing facilities for remote diagnosis and secondary opinion. The consultations highlighted that where some of the necessary infrastructure was available, the pathways, relationships and protocols necessary to support the application of telehealth to clinical care had not been established or formalised. There was also frustration expressed about the lack of interoperability between some of the systems (particularly when funded from different sources) available in rural and regional Victoria. This includes examples of organisations having the necessary equipment but not the operating systems that enable information to be shared.

Consultations highlighted the significant role that rural and regional providers play in developing and supporting Victoria's health workforce. Health service providers described the many undeveloped opportunities to better support clinical training in rural and regional areas with improved infrastructure and more consistent and streamlined relationships with universities. Strengthening the relationship between universities and rural healthcare providers will provide greater potential to take advantage of opportunities in research, clinical training and workforce development.

The need to understand and consider the important roles that rural and regional health services play in their local communities was raised. In particular, the interdependence of service viability and local community sustainability and liveability was often mentioned. In many instances health services are the primary employer of people in rural and regional communities, and even small changes in service type and size can impact on the overall community infrastructure and viability. Consideration of the economic and social viability of a community is an important factor in health service planning.

Rural and regional Victoria is also subject to the impact of significant natural disasters and events such as fire and flood. Often these events result in unexpected demand for health and related services in rural and regional communities. Rural and regional health services must be able to respond flexibly and quickly to address the emerging needs of their local community during these events.

All these factors require an effective health system response that is managed and coordinated across the local, sub-regional and regional levels.

## Section summary

The major issues facing rural and regional Victorians and the healthcare system include:

- projected increase in the age of the rural and regional population and changes in the geographic distribution of the population
- relatively poor health status, outcomes and health behaviours for people living in more distant communities and specific rural locations
- variability in health outcomes in rural and regional areas where there is relatively equivalent service access and service levels
- projected increase in the prevalence of chronic disease and complex conditions, some of which are likely to be more significant in particular populations or communities within rural Victoria
- changing patterns of demand within and between rural and regional areas
- variability in service access and capability, in part created by issues of distance, transport availability and existing maldistribution of workforce and services
- poor access to or inconsistent application of technology-enabled care and support for clinicians working in more isolated parts of rural Victoria
- underdeveloped clinical training opportunities and infrastructure
- the interdependence of service viability and local community sustainability and liveability
- inadequate systematic measurement and monitoring of rural outcomes.

This plan sets out a number of actions in response to these challenges that are aligned to the seven system-wide reform priorities identified in the *Victorian Health Priorities Framework 2012–2022*. These actions are outlined in the following sections.

There are also a number of significant and successful innovations and models of collaborative healthcare delivery currently operating across rural and regional Victoria. To highlight these innovations, good practice case studies have been provided throughout the next section.

# Taking immediate action

To address the challenges identified, the Victorian Government has already commenced taking action at the system-wide, rural and regional levels. The government's early commitments align with the *Victorian Health Priorities Framework 2012–2022* and provide a basis on which to build future improvements.

Specifically for the rural and regional areas, the government has committed to:

- improving rural and regional health services through
  - an increase in the number of registered midwives
  - support for continuing medical education
  - improved collection of rural obstetrics data
  - the establishment of a General Practitioner (GP) – Rural Generalists Program
  - the establishment of the Rural Relocation Fund
  - a rural scholarships funding program
  - a grants program for bush nursing support
- supporting dental practitioners to relocate from metropolitan locations to rural and regional communities (this initiative will support clinicians and their families who incur high costs in relocating and establishing a practice in rural and regional areas)
- Boosting workforce capacity in Ballarat by providing funding to support an additional 20 doctors and 80 nurses at the Ballarat Base Hospital and the recruitment of 10 GPs to fill vacancies in the Ballarat area.
- Improving ambulance services through a range of initiatives, including:
  - recruiting an additional 340 new ambulance staff which will enable the upgrading of the Belgrave, Emerald, Yarra Junction, Maryborough and Castlemaine branches to 24-hour rostered coverage with professional paramedics
  - establishing new 24-hour professionally staffed ambulance stations at Beaufort, Grantville and Wallan
  - building new rural ambulance branches and upgrading existing rural branches at a number of locations including: Beaufort, Wallan, Grantville, Belgrave, Yarra Junction, Maryborough, Wodonga and Castlemaine
  - establishing 10 Mobile Intensive Care Ambulance units across the major regional centres of Warrnambool, Horsham, Mildura, Shepparton, Wangaratta, Wodonga, Sale, Bairnsdale, Wonthaggi and Swan Hill.
- a range of capital infrastructure and equipment projects including
  - Echuca Hospital redevelopment and expansion: delivering new purpose-built acute facilities including an expanded emergency department, new inpatient accommodation and new front entry to the hospital

- Kerang District Health residential aged care redevelopment: creating an integrated and sophisticated rural health facility (construction will include a purpose-built high-care residential aged care facility, a new allied health building, new facilities to accommodate the kitchen services building and the construction of a purpose-built ambulance station

- Mildura Base Hospital expansion: delivering upgraded mental health and maternity units, and construction of four additional emergency department cubicles and additional treatment areas to help the hospital meet demand for emergency services

- Warragul Hospital emergency department upgrade: providing five new additional emergency department cubicles, new staff areas, a relocated entrance and a new emergency bay

- Bendigo Hospital Redevelopment Project (refer to Box 2)

- Ballarat District Nursing and Healthcare refurbishment and expansion: improving the physical facilities to house the range of services provided including diabetes care, aged care services, post-acute services, palliative care and chronic disease management

- Maryborough District Health Service medical imaging upgrade: improving the capacity of medical imaging services to enable people to be treated locally

- Geelong upgrade: plan and develop an upgrade of the Geelong Hospital and retain surplus public land to be used for community aged care facilities in Geelong. This will allow for future provision of residential aged care to help meet emerging local needs

- Ballan Hospital redevelopment: developing an integrated model of healthcare which will complement and support the delivery of primary healthcare services at the Ballan GP Specialist Clinic. These services will include transition care, emergency stabilisation and care, medical imaging services, palliative care and subacute care

- Ballarat Health Service: supporting additional capacity through future capital developments

- Strengthening and sustaining existing rural and regional health services in Victoria through the Rural Capital Support Fund. This fund will enable the upgrade of rural facilities and assist rural and regional health services decide on local priorities and respond to current and future demand pressures.

### Box 2: New Bendigo Hospital Project

Victoria's biggest-ever regional hospital project, the new world-class Bendigo Hospital, continues to be progressed, with the Victorian Government having committed an additional $102 million to expand the scope of the project. This additional funding will deliver a new Integrated Regional Cancer Centre on the main campus, a new five-bed mother–baby unit, a new mental health inpatient facility and expanded educational facilities with information technology that is able to support the expanded teaching and training role. This funding adds to the $528 million previously committed to the project bringing the total investment to $630 million. The new facilities will contribute to the development of a leading teaching and research hub specialising in rural healthcare in cooperation with the universities in the Bendigo Health precinct.

The project will not only ensure the delivery of essential services to rural and regional Victorians, it will create 735 construction industry and supply chain jobs, boosting the local Bendigo economy.

In addition, at a Victorian system-wide level, the government has committed to:

- increasing bed capacity by 800 new beds over the next four years by investing in growth of all bed types across the state

- establishing the $1 billion Health Infrastructure Fund to provide for the planned and strategic investment in Victoria's public hospital infrastructure and hospital equipment for both metropolitan and rural hospitals, mental health facilities, primary healthcare facilities and health support services (this infrastructure fund will be used to support a number of the capital projects detailed previously)

- establishing the Health Innovation and Reform Council to lead continuing improvements to our health system (the council will advise key directions for improvement in areas such as improving patient flow through the health system, improving hospital service quality and safety, and clinical and hospital administration and best practice)

- reforming waiting list and emergency department practices to enable health services to provide Victorians with improved and more coordinated services

- developing a reform action plan for the alcohol and other drug treatment system with immediate steps being taken to expand pharmacotherapy prescribing and dispensing services in rural and metropolitan regions and therapeutic counselling in growth areas

- taking a comprehensive approach to mental health initiatives by supporting a range of activities from research to prevention to support and treatment, which include:

    - establishing a mental illness research fund with emphasis on translating research into evidence-based treatment and clinical practice

    - boosting mental health bed capacity through a range of initiatives including expanding step up/down services, and establishing a new secure step-down model, 15 new mother and baby beds and additional mental health capacity

    - enhancing and expanding community clinical mental health services, including enhancing support for selected 'headspace' services and expanding grief and bereavement telephone support services

    - providing pathways to economic participation for people with a mental illness

    - implementing a range of initiatives to enhance the safety of women in care including establishing gender-specific spaces and other improvements in existing psychiatric facilities to enhance safety and practice

    - developing strategies that ensure carers can be appropriately involved in the treatment of and planning for the people for whom they care, and genuinely involve carer voices in service planning.

These immediate actions are only a starting point. A planned and sustained effort is required. Actions that build on existing good practice, in line with the *Victorian Health Priorities Framework 2012–2022*, will reshape and refine the rural and regional health system. A number of short- to medium-term actions are described in greater detail in the Priorities for rural and regional Victoria section of this plan.

The following section describes a practical example of how applying the principles and priorities outlined in the framework will reshape how health services operate together to deliver a more person-centred approach to healthcare along the full continuum. The Integrated Cancer Services model, summarised in Good practice case study 1 provides a model that could be applied across a range of clinical areas to strengthen the connections between rural and regional services at an area-based level.

# Priorities for rural and regional Victoria

The Victorian Health Priorities Framework 2012–2022 identified seven system-wide reform priorities to achieve necessary improvements to health services and health system operation and outcomes. This plan applies the priorities to guide policy and service development towards achievement of a dynamic rural and regional health system, built on effective partnerships. The actions seek to improve the quality of healthcare and health outcomes in rural and regional Victoria.

Achieving these improvements requires: strengthening existing and establishing new health and community service partnerships and collaborations, including the private sector; greater planning, coordination and evaluation of service delivery and outcomes at both local and regional levels; and more effective clinical leadership to ensure evidence-based and clinically appropriate care pathways are consistently implemented.

Rural and regional health and community services have a tradition of developing innovative solutions to specific challenges. A range of current good practice examples in Victoria's rural communities are used throughout this section to illustrate potential system improvements.

Good integration of services across a regional or sub-regional area is an important feature of an effective rural and regional health service system. The Integrated Cancer Services case study provides one example of how services can work in an integrated way to deliver better outcomes for rural and regional Victorians.

## Good practice case study 1: Integrated Services – providing condition-specific regionalised integrated healthcare

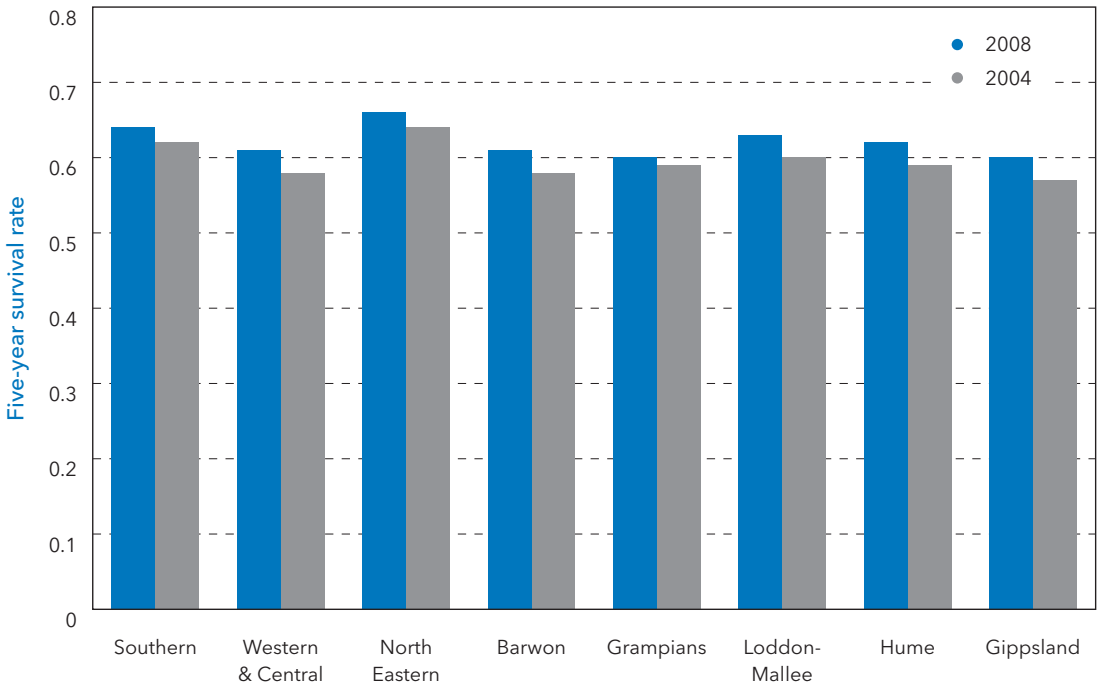
Integrated Cancer Services (ICS) support improvements in the integration and coordination of cancer services within specified geographic areas. There are three metropolitan ICS, five regional ICS and one statewide paediatric ICS.

The primary task of the ICS is to improve the delivery of cancer services through developing clear and formal communication processes, referral patterns and relationships between services to meet the needs of people with cancer. ICS members include GPs, community-based service providers, public hospitals, private hospitals and supportive care services.

ICS have had a focus on:

- shifting cancer service planning from the needs of the health service to the needs of the population and patients
- shifting from clinical treatment based on local practice and interpretation of clinical practice guidelines to formal multidisciplinary, evidence-based approaches to care
- supporting health services to work together in more formalised ways to deliver cancer services
- changing the approach to treatment and care planning from the basis of local service availability to patient needs along the tumour stream care pathways.

## Outcomes data – cancer survival rates by ICS, 2004 and 2008




### Regionalised patient care management

Cancer treatment often involves treatment across a number of different specialties and modalities. Larger metropolitan and regional hospitals may be able to provide all of these, however, medium and smaller hospitals generally cannot. This can result in people receiving fragmented cancer treatment. By coming together from across multiple services (including between private and public services) to establish formal patient care arrangements, cancer care for patients has improved. The data above highlights the improved outcomes achieved since 2004.

Since the implementation of ICS the overall cancer survival rates have improved across both metropolitan and rural Victoria.

There continues to be a difference in the five-year survival rate between rural and metropolitan cancer patients, although the variability between the groups is decreasing.

### Next steps

The ICS provide a platform for further work to improve cancer care and cancer outcomes including:

- a greater focus on consistency in clinical care and clinical outcomes measurement
- regional planning and service delineation based on patient pathways
- clinical leadership and engagement
- integration of research activity and clinical service development
- cost-effectiveness of care.

## Developing a system that is responsive to people's needs

For a health system to become more responsive it must enable people to obtain the most effective care at the right time and in the most appropriate setting. Rural and regional Victorians must be able to make informed decisions about care, have their care coordinated, and find the system easy to navigate. In addition, the health system needs to anticipate people's needs by promoting health and developing strategies to help specific groups identify and manage risks that may lead to poorer health outcomes.

Future planning must consider specific local needs and pay attention to all aspects of health service operation, including clinical appropriateness, cost-effectiveness and good fiscal management.

Rural and regional health services have significant strengths such as being innovative and effective in managing the particular challenges of small and often more isolated communities. Effective innovations will be fostered and further developed through the development of a more coordinated area-based approach to health service planning, clinical service delivery, support services, and teaching, training and research.

Over the coming decade, existing relationships between health services and those between individual clinicians will be strengthened to become more systematic, predictable and reliable.

A rural and regional health system that can respond effectively to people's needs requires all health services to work collaboratively. This will be made simpler by having more clearly defined roles and responsibilities at the regional, sub-regional and local provider levels. By encompassing the public, private and not-for-profit service providers, it will be possible to map these roles and responsibilities across the full continuum of care within a specified area.

These roles will be cemented through the development of patient pathways. Patient pathways inform how care should be organised around the needs of the person, including what, where and when care should be delivered. By working across an area-based network, providers will organise their services to best match the needs of the person and ensure care is clinically appropriate and cost-effective.

In Victoria, statewide clinical networks have been established for a range of clinical conditions or service types and include renal, cardiac, stroke, maternity and newborn, paediatric, emergency, cancer and palliative care. Statewide clinical networks will play a vital role in developing patient pathways and supporting the local implementation of best practice clinical care. Establishing area-based integrated care networks based on international models (see Box 3) and existing Victorian strategies will support this service improvement.

### Box 3: Clinical management networks

Clinical management networks have developed internationally to encourage better coordination and communication (including through the use of telehealth infrastructure) between the various disciplines involved in caring for a patient group with a specific condition. They aim to involve everyone in developing a consistent and equitable service that is available to everyone who needs it. The strengths of these networks have been described as:

> *'…the promotion of consistency and quality of service throughout the care pathway, and the bringing together of service user and provider views to the service planning process… developing services which are truly person-centred, delivered locally wherever possible but specialised where need be'*[12]

12 Scottish Executive, Health Department 2007 *Strengthening the role of managed clinical networks*

There will be a focus on ensuring pathways and guidelines are in place to support people with particular health needs such as women during pregnancy, people with complex and chronic conditions, mental health issues, alcohol and drug problems and for people experiencing aged-related health issues.

This area-based approach will ensure people are connected to the right services to meet their needs whether they are located within the local area or located in larger regional or central locations. People will be well informed and understand when appropriate care can be delivered as close to home as possible. They will also understand why and how they will be referred to services elsewhere.

Being responsive also requires the system to understand and address the barriers faced by rural people when trying to access healthcare. Fundamental issues such as cost and distance can become major barriers to accessing healthcare for some people living in the rural and regional parts of Victoria.

Ensuring the health system is responsive to the needs of different groups within the rural and regional area is important. Health service providers need to consider how to appropriately deliver services that are tailored to the health needs of specific populations within their local area including children, young people, men, women, farming families, Aboriginal people, culturally and linguistically diverse groups (including refugees) and gay, lesbian, bisexual, transgender and intersex people.

In developing the *Victorian Health Priorities Framework* the Ministerial Advisory Committee identified a number of key areas that required further consideration. These include:

- Chronic and complex conditions. Targeted interventions for these people at a population and local level are needed to ensure care is coordinated around their needs.

- Child health. The health of children and youth is vital with evidence showing there is an increase in the rate of overweight and obese children. This makes them more susceptible to developing chronic health problems such as diabetes and cardiovascular disease. More children and youth are reporting mental health problems, contracting sexually transmitted infections and undertaking risky behaviours such as binge drinking.

- Oral health. Oral health is vital for good health. The mouth and its structures are susceptible to infection, disease, injury and decay which can lead to serious illness, such as throat cancers and blood stream infections. Poor oral health, prevention and maintenance, is resulting in high rates of avoidable hospital admissions.

- Aboriginal health. Progressing Victoria's response to Closing the Gap, with a particular focus on increasing life expectancy and reducing child mortality rates for children under five must be a critical focus of our future actions.

- Aged health. Focussing on promoting independence and wellness of older people receiving aged care services, ensuring timely information about available services and performance, providing support for choice, improving care coordination and promoting early engagement are fundamental to the delivery of aged health and care services.

- Women's health. To improve the health and wellbeing of all rural and regional women (with an emphasis on those most at risk), the development and dissemination of health information and research, and the provision of community and professional education is required. These activities should take place directly with women and in partnership with the health and community sectors.

- Men's health. In a range of areas, such as life expectancy, avoidable mortality and health risk behaviours, more attention is needed to improve men's health. Men can be better supported to create healthier lifestyles and increase their engagement with health services. Health services can be supported to better understand and meet the needs of men.

- Gay, lesbian, bisexual, transgender and intersex health. A range of strategies that support better outcomes for members of the gay, lesbian, bisexual, transgender and intersex community living in rural and regional Victoria are needed.

- Cultural and linguistic diversity. A culturally competent healthcare system with a capacity to design, implement, and evaluate culturally and linguistically sensitive services is needed to address health disparities among populations from culturally and linguistically diverse backgrounds and to promote health and mental health equity.

- Alcohol and drug prevention and treatment. Shaping an agenda for sector reform that will address longstanding issues with treatment models, system performance and workforce, and equity in the distribution of alcohol and drug treatment resources is underway. In addressing the distribution of alcohol and drug treatment resources, current and forecast prevalence and incidence in the rural and regional areas will be taken into account.

Peak organisations such as Family Planning Victoria, the Ethnic Communities Council of Victoria, Women's Health Victoria, Victorian Alcohol and Drug Association, Gay and Lesbian Health Victoria, Victorian AIDS Council, Victorian Mental Illness Awareness Council, Victorian Mental Health Carers Network, the Victorian Refugee Health Network and the Victorian Aboriginal Community Controlled Health Organisation are well positioned to support local rural and regional health services to develop appropriate and sensitive models of service that respond to the needs of diverse populations living in rural and regional parts of Victoria.

Local responsiveness to particular issues for these populations and other specific groups such as, for women during pregnancy and for rural youth, is critical and local providers are well placed to monitor and adapt to changes in the health needs of those people in their local community. Working together, public, private and not-for-profit providers across the health and human services sectors, can reduce many of the barriers that make the health system less responsive than it should be.

It is important to plan for the diverse and changing needs of the population to deliver a system that is responsive to people's needs. As identified in the *Metropolitan Health Plan* there will be focused effort on developing and implementing a more sophisticated approach to planning.

These new approaches to planning for service delivery will, among other things, pay particular attention to the needs of interface communities, those areas at the traditional boundary of rural and regional Victoria and metropolitan Melbourne. These communities experience unique issues arising from significant population growth and require the development of infrastructure and other supports that will link them easily with the health services they require.

Communities and health service providers in rural and regional areas will be supported to achieve the right balance between providing services locally and enabling access to services that are appropriately delivered in regional or central locations. In determining the balance, consideration will be given to quality and safety standards, clinical appropriateness, cost-effectiveness and clinical expertise.

This planning approach will support the design of a service system that ensures lower complexity services that need to be accessed frequently can be accessed close to home (if clinically appropriate) while more complex care requiring different, often more resource-intensive infrastructure will be made available in regional or central locations. This approach will lead to a more carefully planned system that facilitates better access to services at the most appropriate level, whether that is local, sub-regional of regional, with consideration given to clinical appropriateness and cost effectiveness.

### Box 4: An example of a regional approach to managing a person with an acute cardiac episode

For a patient suffering a heart attack in a small local community who is taken to an urgent care centre by family, the expected pathway would include:

- Baseline clinical assessment and diagnostic procedures. For example, 12 lead Electrocardiograph (ECG) and bedside/point of care testing such as troponin measure
- Based on clinical indicators the urgent care service may seek specialist advice and share test results with other professionals and/or access a specialist cardiac advice line; and commence symptom management and reperfusion therapy if indicated.
- Next steps on the pathway will be dependent on acuity of clinical condition; however they may include:
  - Transfer to a Percutaneous Coronary Intervention within the regional network if available or to a metropolitan-based service.
  - Once treated, the patient is then likely to be discharged home with clear pathways for handing over care from the regional service to a GP for ongoing monitoring and medication management.
  - However, if the patient requires post acute care they may be transferred back to services closer to home with no impediment to transfer and a clear care plan provided by the transferring hospital before being discharged back to their local community.
- All discharged patients will be referred using standardised cardiac rehabilitation referral form to a phase 2 and phase 3 cardiac rehabilitation program provided by a local primary healthcare provider or other telehealth modalities.

Across rural and regional areas, this work will be supported by a consistent approach to defining service capability, and establishing formal mechanisms that link the rural and regional services with statewide and metropolitan services.

Health system funding models, including private and individual out-of-pocket funding, will also be reviewed and further developed to better support this more integrated approach to care delivery for people with particular health conditions. This will include working with other funding partners such as the Commonwealth Government to ensure funding mechanisms are flexible enough to meet people's healthcare needs.

### Our goals by 2022 are to ensure the following:

- Health service providers located within an area work together to deliver the optimal service mix for the local communities within their area. This coordinated approach to service delivery will ensure services are delivered in the most clinically appropriate and cost-effective way across the area and within each health service.

- Services are delivered in accordance with agreed care management protocols and processes based on best available evidence and are aligned to the collective service capacity of all providers in the area.

- Health service providers work collectively to deliver the services that people need at the local, regional and statewide levels.

- Planning is responsive to local population needs and enables services to be put in place that are appropriate and responsive to the area's diversity and changing needs.

### In the short to medium term, we will take action to achieve the following:

- Develop and apply service capability frameworks in the rural and regional settings that articulate specific roles and responsibilities for health service providers and link these to appropriate performance mechanisms, to reduce duplication and maximise the use of available resources across a specified area.

- Identify leading regional providers who will have responsibility for:

  - facilitating the establishment of integrated care networks across a specified area to develop and agree the most clinically appropriate and cost-effective pathways, including referral, to meet the needs of high-priority groups within their local community. The networks will bring together rural and regional clinicians from across the continuum of care, and who span the public, private and not-for-profit sectors. They will also work closely with a broad range of existing health-related services and other entities such as PCP, AMHS and Medicare Locals.

  - facilitating uptake of routine monitoring and reporting that supports greater compliance with the agreed patient pathways, clinical guidelines and the associated patient outcomes by all network partners.

  - facilitating and supporting teaching and training and development of innovative workforce models that align to agreed patient pathways.

  - supporting the development of consistent clinical credentialing and peer review practices across the network.

  - developing and implementing standardised approaches to service planning, such as coordinated sub-regional service plans, and align local resource allocation models to ensure they are sensitive enough to reflect the needs of local populations and support the required regional service capability and capacity.

- Implement local planning processes across rural and regional Victoria that:

  - support the inclusion of health, human services, education, employment and other service providers from both public and private sectors and local government

  - better inform the development of strategies across the continuum of care

  - maximise opportunities for greater private sector collaboration, coordination and integration across the continuum of care.

- Explore innovative approaches to the use of State and Commonwealth funding and new models of care that better support the health needs of older people and those with complex and chronic conditions to ensure care is delivered in the most appropriate setting.

- Ensure that health service providers have effective strategies in place to engage with local population groups in relation to local service planning and delivery.

- Work with key partners, service providers and the community to develop more effective solutions to respond to the issues of distance and travel time experienced by some rural and regional Victorians.

- Explore opportunities to develop strategies that support greater service responsiveness for diverse populations living in rural and regional communities in partnership with community leaders, local service providers and peak organisations.

Many of the actions outlined above build on work already underway. For example, there has been considerable work undertaken on developing service capability tools. In 2009 a subacute capacity and access planning framework was developed to guide planning of subacute care services. Similarly, there has been work undertaken to align resource allocation to local needs and service delivery frameworks, for example, the Palliative Care Resource Allocation Model (PCRAM) (see Good practice case study 2).

## Good practice case study 2: The Palliative Care Resource Allocation Model

The PCRAM model is a more equitable way of allocating new funding to community palliative care services. The PCRAM allocates funding based on the needs of the population within defined geographical catchment areas.

The PCRAM takes into account population growth, ageing, rurality and low socioeconomic status, and provides funding to support services to manage the impact these population characteristics have on service demand. Resource allocation is aligned to the service delivery framework for the program.

## Improving every Victorian's health status and health experiences

People across Australia who live outside large urban centres have higher mortality rates and greater prevalence of risk factors for ill health (such as smoking, excessive alcohol use, poor diet and less physical activity) than their urban counterparts.[13] The data in the *Rural and Regional Health Plan: Technical Paper* confirms this trend in Victoria, along with a projected increase in most chronic diseases including depression and anxiety, cancer and diabetes in rural and regional areas over the coming decade.

Ensuring that the diverse communities of rural and regional Victoria receive high-quality, safe and culturally sensitive healthcare is an important priority. Rural and regional Victorians need to have access to up-to-date and accurate information to help them maintain their own health and access to efficacious and cost-effective preventative health intervention, whether in health promotion or other preventative interventions. This has been reinforced by the findings of the Assessing Cost-Effectiveness in Prevention (ACE-Prevention) project.[14]

Ensuring information and better access to preventive health interventions for all rural and regional people, particularly those most vulnerable to poor health outcomes, is an important strategy and one that will require health services to work with and support local communities to take action.

Health services must continue to adapt care models to achieve the best health outcomes for their local communities. Effective delivery of care in rural areas requires providers to work together, often in conjunction with local businesses and community groups, to reach out to local people who may be isolated.

The recently released *Victorian Public Health and Wellbeing Plan 2011–2015* details the Victorian Government's approach for building a Victoria-wide prevention system and builds on local municipal health and wellbeing planning and activities. The actions outlined in the *Victorian Public Health and Wellbeing Plan 2011–2015* complement this *Rural and Regional Health Plan* and health providers will be integral in implementing health promotion and prevention strategies into the future.

Greater capacity to deliver preventive activities will complement and support the healthcare system to be more effective, better coordinated, more responsive and sustainable over the longer term.

Taking account of the wider context of an individual's health-related decisions and behaviours recognises that interactions influencing health and wellbeing are complex, and that individual choices alone may not lead to long-term changes in the health status of rural and regional Victorians.

Access to a range of community activities and infrastructure are also important to support positive health-related choices and behaviour. For example, good access to local sport and leisure activities can help individuals to adopt positive health behaviours whilst also enabling people to actively engage in their community. That is why the Victorian Government has provided support to upgrade local community sport and recreation facilities, increase participation in sporting activities by people with a disability and senior Victorians, and train community sports coaches across Victoria.

13 Australian Institute of Health and Welfare 2010, *Australia's health 2010,* Australia's Health no12. Cat no AUS 122

14 Vos T, Carter R, Barendregt J, Mihalopoulos C, Veerman JL, Magnus A, Cobiac L, Bertram MY, Wallace AL, ACE–Prevention Team 2010, *Assessing Cost-Effectiveness in Prevention (ACE-Prevention): final report*, University of Queensland, Brisbane and Deakin University, Melbourne

In rural and regional Victoria there are many health needs that are common across communities; however, there are also differences. Local tailoring of prevention and early intervention activities to target those particular needs across rural and regional Victoria and within rural and regional communities is needed.

By developing patient pathways that promote prevention and earliest intervention, and follow the patients through the most likely care pathway to promote the best outcome, both health service providers and the people accessing the services will have a clear view of when and where healthcare will be delivered and how services are working together to deliver the necessary care.

A key part of improving people's experience of the rural and regional healthcare system is ensuring they: have adequate health literacy, including mental health literacy; can access relevant and up-to-date information; are well informed about the system and the care they should expect to receive; have the necessary skills and information needed to participate in decision making; and are empowered to participate in their own healthcare.

By becoming active participants in the health system and by taking greater responsibility for their own health, all rural and regional Victorians can contribute to improving the sustainability of the health system and improve their own health status and experience of the system.

### Our goals by 2022 are to ensure the following:

- More rural and regional Victorians are demonstrating positive health-related behaviours and this is supported by more readily available and accessible health information.
- Utilisation of rural and regional health services is appropriate and informed and that this is supported by services that help coordinate care for those most in need.
- Evidence-based care is provided at the local level where appropriate and rural and regional Victorians and clinicians are better informed about and connected to the services available in their local area.

### In the short to medium term, we will take action to achieve the following:

- Implement the key components of the *Victorian Health and Wellbeing Plan 2011–2015* in partnership with local governments and other agencies to address the social determinants of health and improve the health-related behaviours of local rural populations.
- Collaborate with a range of key partners such as members of local PCP, the newly formed Medicare Locals, community health services and Aboriginal health service providers to support local implementation of the *Victorian Health and Wellbeing Plan 2011–2015*.

- Partner with the Commonwealth Government to implement a range of initiatives to promote healthy behaviours in line with the National Partnership Agreement on Preventive Health (NPAPH). As part of Victoria's implementation of the NPAPH, and integrated with the *Victorian Public Health and Wellbeing Plan 2011–2015*, the Department of Health will reform how preventive health is delivered. Victoria's *Prevention Community Model* will fund 12 local consortia (prevention areas), consisting of 14 LGAs and community health agencies to undertake community assessment and system mapping so that healthy living programs can be selected and delivered in accordance with community needs.

- Work with communities at the local and regional level to develop strategies that better respond to their specific health information needs to improve health knowledge and support informed choice. This will focus initially on the needs of specific groups of people, including older people with specific health needs, people living in areas of disadvantage and those from culturally and linguistically diverse backgrounds.

- Facilitate a cross-sector approach to promoting optimal independence and quality of life for older people in rural and regional communities by improving the liveability of their local community.

- Develop the Victorian Suicide Prevention Strategy in coordination with local rural and regional families and communities, local government and non-government organisations.

- Support the systematic development of new models of care and more coordinated services to respond to the specific needs of people with priority clinical conditions. This work will be strengthened by engaging local clinicians in integrated care networks to support the implementation of clinical guidelines and care pathways developed by the statewide clinical networks.

- Apply a consistent approach to the development of consumer health information to ensure information is accessible, high quality and informed by consumers. This approach will inform consumer information delivered at the local, regional and statewide levels.

- Effectively measure and monitor people's experience of the health system. Consideration will be given to a person's journey across the continuum of care and the ease of navigation at key transition points. Integrated care networks will be a key vehicle to help develop and implement strategies that help smooth the transition between services.

In the longer term, rural and regional people will have access to information and services that will help them stay healthy and make better decisions about their health needs. They will also know what services they can access locally and how to access services outside their local area when needed.

These actions build on work already underway in parts of rural Victoria. For example, Western District Health Service is already working with other local providers to develop more coordinated patient pathways to help respond to patients who have complex conditions (see Good practice case study 3).

## Good practice case study 3: Better chronic care coordination

Western District Health Service (WDHS) worked with hospital discharge staff, the local council and GPs to ensure that patients with complex conditions (such as frail people with diabetes) get a seamless pathway to care. Local residents now have a single door to the services they need though a care coordination team. Local services have redesigned their care coordination to become the Chronic Care Hotel – a care coordination team that follows clients across different services (general practice, acute, home-based care and community health), ensuring coordination and effective transfer of care. The Chronic Care Hotel relies on a system change that has involved agreed, documented care pathways and referral and discharge protocols. WDHS has found that people's needs are being met earlier and efficiencies are being realised through reducing duplication in assessments.

## Expanding service, workforce and system capacity

The total rural and regional population is projected to increase in the coming decade. This increase is not uniform across all locations or across age groups, with a projected increase in the number of people aged 65 years and over, more than doubling in some rural locations by 2022.

This increase will drive greater levels of service demand, which in turn will require the service system to respond in more innovative ways in order to keep pace. Implementing clinically appropriate and cost-effective service system responses, plus investing where necessary in additional service, workforce and system capacity, will be fundamental to addressing this challenge.

Approaches to change that will be critical include: focusing on greater utilisation of community- and home-based care; maximising the benefits of preventive and early intervention approaches; enabling implementation of innovative workforce strategies, and utilising the capacity that exists within our hospitals. Innovative approaches that are clinically appropriate and cost-effective must be captured and integrated more broadly across the system.

Appropriate decisions about resource allocation will ensure the system has the necessary types of capacity and that it uses resources cost-effectively. These decisions will be facilitated by working closely with the private sector, not-for-profit sector, local government, and the Commonwealth Government.

Many health services across rural Victoria are configured to support the delivery of many service types including community-based primary healthcare services, inpatient services, and residential aged care. This approach enables them to effectively utilise all resources available to meet the needs of their local communities. These integrated models should be supported and used as a basis for continued service development.

New initiatives such as the Commonwealth Government's implementation of Medicare Locals and better access to after-hours primary healthcare programs will complement the work of existing local public and private service providers to more effectively address primary healthcare service gaps. Effective engagement is needed to avoid duplication.

It will also be necessary to grow system capacity by ensuring the best utilisation of existing infrastructure and resources. Service providers in rural and regional areas will need to work flexibly together to meet variable demand through the most effective sharing of existing service capacity and workforce.

Co-locating complementary services such as ambulance services and urgent care services can also help to optimise the use of existing infrastructure and resources and achieve the best possible outcomes for rural and regional Victorians.

Typically, practising in a rural setting provides greater opportunities for clinicians to: perform a variety of tasks within their scope of practice; operate in different service delivery models; establish local and regional networks; work across sectors to support patient management and decision making; build closer community relationships; and develop their management and administration skills.[15]

Education, support and training of rural health professionals is vital, and robust partnerships between health services, universities and the vocational education and training providers are needed to ensure rural clinicians and health workers receive training that supports their needs. Establishing innovative models such as rural clinical schools and Roads to rural practice have been designed to support the development of the rural and regional health workforce.

GPs are fundamental to ensuring early diagnosis and ongoing management of care for many rural people. The government has committed to establish a program for specialist rural GPs in recognition of the particularly important role they play across rural and regional health services (see Box 5). They not only provide primary care services but support the provision of acute and subacute services within local health services, requiring specific skills and expertise unique to rural practice.

### Box 5: Specialist rural GPs

The Victorian GP – Rural Generalist program aims to increase recruitment and retention of medical practitioners in rural Victoria. The Victorian GP – Rural Generalist training pathway offers students of rural clinical schools rural postgraduate opportunities in general practice and advanced skills/specialised training. This is intended to give medical students a supported and cohesive pathway to a career in a rural setting.

To focus implementation, the GP – Rural Generalist training pathway will initially target support for maternity services. In addition to obstetrics, this may include procedural training in anaesthetics and surgery.

Primary care providers are ideally placed to develop long-term proactive relationships with individual patients and their families, which can help to facilitate effective prevention, early intervention, self-management and more planned specialist care when it is needed. These proactive engagement strategies with people who have chronic and complex conditions can help to alleviate health issues before they require more complex care and place unnecessary and avoidable demand on acute health services. Developing models that facilitate proactive and team-based primary healthcare will be fundamental to improving individual health outcomes and the performance of the rural and regional health system.

15 Hodson L, Berry A 1993, *Rural practice and allied health professionals: The establishment of an identity*, Queensland Health, Darling Downs.

Mental health professionals, midwives, nurses and allied health professionals are key providers of a broad range of health services to rural and regional Victorians. There are opportunities to further develop service models that encompass the full scope of practice for these professionals and adopt international best practice, where appropriate. Workforce strategies that support the delivery of more specialised services such as mental health and alcohol and drug treatments in the rural and regional areas are being further developed.

The delivery of effective and efficient care is critical to the sustainability of the rural and regional health system. Rural and regional health services have implemented a number of effective and innovative approaches to improving the cost-effectiveness of care delivery including greater use of telehealth solutions, use of alternative models of care and settings (where appropriate) and developing partnership approaches that maximise available resources. Improving the quality of care and ensuring safer care are also important factors in achieving better clinical and cost outcomes.

The government has commited to a number of strategies that will expand current capacity, but it is important that expansion builds upon past innovations. The establishment of the Health Innovation and Reform Council and the Commission for Hospital Improvement (to facilitate hospital improvement in emergency departments, elective surgery management and waiting list reduction) will help to drive improvements in quality and the innovation required to meet the challenges ahead.

To ensure the expansions in capacity are affordable, it is essential that both patients and the health workforce use resources in a cost-effective manner. Health services and government will need to work together to ensure effective and appropriate decisions are made about how resources are allocated and performance is measured.

### Our goals by 2022 are to ensure the following:

- The healthcare needs of rural communities can be met through the flexible use of resources, with services planned and distributed effectively at the sub-regional level.
- Local communities have access to the services they need when they need them through the effective use of appropriately trained clinicians.
- Capital infrastructure supports the delivery of clinically appropriate and cost-effective care in the most appropriate setting.

### In the short to medium term we will take action to achieve the following:

- Implement service capability frameworks, patient pathways and clinical guidelines to support the delivery of the most clinically appropriate and cost-effective care for all rural and regional Victorians. This will result in shared service planning and delivery at the sub-regional level.
- Enable more flexibility and capacity across the rural and regional health system to support better health outcomes and deliver care as close to home as possible, when it is safe and effective to do so.
- Evaluate the suitability of existing infrastructure. The evaluation will inform future utilisation of infrastructure to enable more flexible service delivery and maximise use of resources by delivering services in the most clinically appropriate and cost effective setting.

- Implement the commitments outlined in the Taking immediate action section and continue to improve health infrastructure into the future by supporting projects such as:
  - the development of a helipad in Ballarat
  - upgrading Castlemaine Hospital
  - improving radiotherapy facilities in the south west of Victoria
  - boosting hospital capacity in Ballarat, redeveloping the Kilmore ad District Hospital
  - increasing chemotherapy chairs at Seymour District Memorial Hospital
  - supporting development of the Bairnsdale Mental Health Well-being Centre
  - developing the Waurn Ponds Community Hospital.
- Support health service providers to: build a local workforce profile; develop, implement, monitor and evaluate workforce planning frameworks and tools; and ensure their workforce is equipped to meet their service's capability requirements.
- Develop collaborative approaches that support health services to deliver the necessary professional education, training and support in partnership with others to reduce unnecessary duplication of effort.
- Identify opportunities to address workforce gaps and make better use of existing workforce capability and capacity across the public, private and not-for-profit sectors. For example, new models of service delivery that will maintain or enhance health outcomes as well as improve safety and quality will be investigated in collaboration with key groups such as the Australian Medical Association, General Practice Victoria, Rural Doctors Association, Australian Dental Association and other professional bodies, including nursing, mental health and allied health.
- Facilitate mechanisms that support more appropriate distribution of workforce to match the needs of rural and regional communities. For example, developing approaches that result in a better match between the distribution of MBS funded providers and areas of need and workforce shortage.
- Build on innovative workforce recruitment and retention and training, education and professional development strategies including:
  - consolidating the clinical placement networks. This will better enable coordination, planning and facilitation of quality entry-to-practice clinical training activity across sectors (public and non-government health providers and higher education and training providers) within a natural community of interest
  - the sharing of workforces across regional and sub-regional health services, and supporting joint appointments and accredited training positions
  - building on the potential of the rural clinical school model and expanding rural clinical placements and professional support.

## Increasing the system's financial sustainability and productivity

Increasing service demand and rising costs are placing pressure on the sustainability of the health system. Assessing productivity in health is complex and there is no standard model agreed either in Australia or internationally. There are varying views on the use of health outcomes rather than outputs, the value of service quality and access, and whether the consideration of productivity should include all parts of the service continuum from prevention to acute care.

> *'Evidence indicates that reorganising care around the patient, with teams that are accountable to each other and to patients and are supported by information systems that guide and drive improvement, has the potential to eliminate waste, reduce medical errors, and improve outcomes – at lower total cost.'*[16]

Accomplishing this requires changing the incentives upon which the healthcare system is built. Supporting improvements in health service input and output efficiency is important, and ensuring funding models drive this efficiency is a key to realising sustainable improvement.

It is also important to support the more effective utilisation of the workforce, buildings and equipment if productivity is to improve and more value from health system investment is to be obtained.

Governments at all levels are accountable for making investment decisions on behalf of all Victorians to maintain a health system and support people so they can live healthy lives. Deciding what to fund and by how much is difficult and requires tough decisions. Many health services and service resources require large up-front spending, and often the return on investment is hard to quantify. These services and resources include health prevention activities, health promotion, ICT back-end systems, and upgrading the buildings used to provide services.

Investments in rural and regional healthcare need to be well planned and coordinated to ensure maximum benefit is gained for all rural people, supporting locally accessible services where appropriate.

Acute hospital services are at the high-cost end of healthcare. Changes to the composition of services, where clinically appropriate, provide a key to improving overall sustainability of the sector. This can be achieved by greater use of subacute and community-based services, use of residential care rather than hospital care where appropriate, increased investment in prevention strategies, early intervention and chronic disease management to reduce the need for hospitalisation.

In addition, system productivity and sustainability can be influenced by:

- ensuring the workforce is appropriately skilled and is working to its full scope of practice
- promoting and supporting service providers to implement consistent, evidence-based clinical practice, without discouraging innovation
- effectively managing and utilising clinical technology (such as MRI, CT and prosthesis) and ICT.

In rural and regional settings, where access and distribution of the workforce presents a challenge, models that deliver workforce productivity are increasingly valuable. Overall the cost of the rural and regional workforce is higher than in metropolitan areas as a result of the costs of recruitment, retention, relocation and managing turnover. Strategies to retain the existing workforce and attract a local workforce can contribute to workforce productivity. Across rural and regional Victoria there are examples of successful strategies and innovations that are addressing these challenges. These innovations need to be captured and replicated where appropriate.

16 Guterman S, Schoenbaum S, Davis K, Schoen C, Audet AM, Stramikis K, Zezza M 2011, *High performance accountable care: building on success and learning from experience*, The Commonwealth Fund, New York.

Other strategies that support workforce productivity include enabling infrastructure design that best supports optimal work flow, and minimising unnecessary travel for non-clinical work such as meetings.

Sustainability is also supported by the clinically appropriate and cost-effective configuration of services and, in rural settings, is more sensitive to issues of critical mass than in larger regional settings and metropolitan Melbourne. Some bed based services (such as residential aged care services) may experience viability challenges. Factors such as their small scale, limited catchments and reliance on funding models linked to occupancy levels can contribute to these challenges. Such services have a critical role to play in ensuring access to care for people close to where they live and promoting more effective operation of the local service system. These factors have to be considered carefully when exploring future options.

Clinically appropriate and cost-effective service configuration extends to the organisation of services. Configuration must minimise gaps and reduce duplication. Services should be delivered through a networked system where providers work together. Current models, in many instances, do not support such an approach as they emphasise the provision of health services by individual providers or single service types rather than coordinated teams of providers who collaborate to address patients' needs.

The efficient configuration of services is also pertinent to non-clinical services. In rural and regional settings, particularly smaller communities, it may be difficult to get the economies of scale required for efficient delivery of some clinical support and corporate support services such as: linen management; coordination and management of flexible staffing pools; payroll; and food services.

To enable local sustainability health services could explore ways to generate efficiency in these areas, for example, by combining effort with other health providers within their local area.

Boards of governance and senior management teams across rural and regional Victoria have an important role to play in making the rural and regional system sustainable. As with other types of workforce, recruiting and retaining people with the capability and skills to fulfil these vital posts is a continual challenge. Working together, health services along with the department, must develop further opportunities for coaching, mentoring and succession planning within regions and between regions over the longer term.

As demonstrated through a number of the case studies in this plan, health services in rural and regional Victoria have a long history of finding innovative solutions to local problems. However, as a system there has not been rigorous enough evaluation of these innovations and the impact they have on financial sustainability and productivity. Further work is required to better understand those innovations and models of care that demonstrate benefit and are suited to replication across the rural and regional health system or more broadly across the whole system.

Strengthening the healthcare system's financial sustainability and productivity is likely to require whole-of-system actions. Although many of the planning and development priorities and activities identified in other sections of this plan have the potential to improve productivity, there are other specific actions that can be taken to improve productivity and sustainability.

### Our goals by 2022 are to ensure the following:

- Rural and regional health services are financially sustainable and can deliver a range of healthcare services that respond to community needs.

- The rural and regional workforce is supported to achieve the most appropriate distribution and optimal effectiveness and productivity.

- Care is integrated and delivered efficiently and effectively between the public, private and not-for-profit workforce and providers across the rural and regional setting.

### In the short to medium term we will take action to achieve the following:

- Work with other funders, healthcare providers and health professionals to trial alternative ways of funding care that is better aligned to agreed patient pathways. For example, people with diabetes currently receive care across the continuum, with services often being funded from separate State, Commonwealth, private, not-for-profit and non-government funding sources. Accessing multiple funding streams can create unnecessary barriers to care that could be resolved through alternative funding mechanisms such as a jointly funded package of care. Alternative models need to be further explored and replicated across the system where demonstrated to be clinically appropriate and cost-effective.

- Continue to work with key stakeholders such as the Victorian Healthcare Association, Australasian College of Health Service Management and professional colleges to explore and implement a range of strategies to support rural and regional boards, senior management teams and senior clinicians to further develop and sustain local leadership and innovation. For example, development of mentoring and coaching partnerships within and between regions for new board members and senior managers and clinicians would provide learning and development opportunities that are tailored to address the unique challenges faced by rural and regional health leaders.

- Evaluate existing service arrangements against key indicators such as clinical safety, operational sustainability and community viability. Consider alternative service provision models and service delivery settings where clinically appropriate to improve financial productivity and sustainability.

- Promote and support alternative organisational arrangements that drive greater financial productivity and sustainability through more efficient purchasing of non-clinical services, such as human resource management and payroll functions.

- Work with integrated care networks, once established, to develop and trial models of service provision, teaching and training that deliver the same or better outcomes while utilising a less intensive resource base. In rural and regional areas this is expected to include expanding care to ambulatory and community settings, use of telehealth to support secondary consultation, and remote supervision of some workforce groups, with a longer term view to evaluate trialled models and replicate success where appropriate.

- Through the development of a new Health Outcomes Framework, align and implement agreed measures that help to better evaluate the clinical appropriateness and cost-effectiveness of care. This will build on and bring together the existing data collected by service providers to map the delivery of care along the agreed patient pathways.

## Implementing continuous improvements and innovation

The Victorian health system, within the Australian context, has an established record of leadership in research and innovation, and in ongoing improvements to health services. Rural and regional health service clinicians and providers play a key role in this area.

A high-performing healthcare system is one that is able to adapt to economic drivers and societal changes in healthcare needs and expectations, and is able to deliver safe and effective health services through tools, protocols and strategies to support both providers and consumers in improving the safety and quality of healthcare. Continuous improvement and innovation is therefore a hallmark of a high-performing healthcare system.

The system and health organisations require a number of features if they are to continuously improve and innovate, including: the right type of leadership; efficient methods to capture information; measurement and management systems; and support for staff to learn and use the tools of continuous improvement.[17] Building on the continuous improvement and innovation work in rural and regional settings requires action on all of these fronts.

Currently, there is not yet an adequate amount of knowledge about health outcomes at an individual and community level, and this limits the ability of health service providers to understand and change the impact current models have on local communities and to respond to emerging issues. Improved measurement and information management is the key to addressing this.

Further definition of future research priorities and the subsequent direction of research activity will drive the creation of knowledge to enable future clinical practice and health service management improvements.

Clinical leadership is also fundamental to innovation in clinical service delivery. Many rural and regional clinicians need greater support to fulfil both the clinical leadership responsibilities of their role whilst also balancing the vital clinical care role they deliver for their service. Health organisations must continue to recognise and support the ongoing professional development of the rural and regional workforce.

Innovations in service delivery often start locally in response to local service delivery challenges. The establishment of integrated care networks will facilitate coordination of innovative activities within regional areas to help reduce potential duplication of effort that may occur across the system.

A model developed by Ambulance Victoria, outlined in the Good practice case study 4, provides an example of clinical leadership and innovation in a rural setting.

17 Baker GR, MacIntosh-Murray A, Porcellato C, Dionne L, Stelmacovich K, Born K 2008, High performing healthcare systems: Delivering quality by design, Longwoods Publishing, Toronto, pp. 11–26.

## Good practice case study 4: An example of utilising clinical leadership in rural areas – paramedic community support coordinators

In the remote rural communities of Mallacoota and Omeo, Ambulance Victoria has paramedics who practice as paramedic community support coordinators. As well as responding to emergency cases, coordinators are involved in community-based activities to help meet local health needs.

In Mallacoota, the coordinator is responsible for coordinating the education of the local ambulance team by overseeing the training of ambulance volunteers and casual staff. The coordinator also supports the local GP by providing primary healthcare and provides community health education.

In other rural and remote communities nurses and community members have been trained to provide a first response to life-threatening incidents, to ensure that people with medical emergencies receive assistance as soon as possible.

Internationally, paramedics with advanced skills have been successful in providing treatment for patients with minor injuries in their own homes, reducing their need for transport. This enables patients to remain in their own homes, and frees up ambulance resources to respond to emergency incidents.

In addition, it has traditionally been difficult to establish a critical mass of specific Victorian rural and regional clinical research.

The implementation of rural clinical schools, through Deakin University, Monash University and the University of Melbourne has provided a mechanism for addressing some of this challenge. Through rural clinical schools, opportunities have been provided for rural and regional clinicians to extend their role as local leaders in health training, medical training and research through strong partnerships between academics and the universities, and health providers.

### Our goals by 2022 are to ensure the following:

- Comprehensive, effective and efficient measurement and monitoring of the rural and regional health system and service performance.
- Robust information acquisition and knowledge management systems capture innovation and improvements in outcomes across rural and regional health services.
- Rural and regional health services collect and report high-quality health data which will drive continuous assessment, review and improvement and contribute to the overall performance of the Victorian health system.
- Innovative approaches are effectively evaluated and, where they result in better outcomes, are replicated and implemented across rural and regional areas.
- Health and medical research informs and underpins (wherever possible) the delivery of clinically appropriate and cost-effective care that is appropriate to rural and regional settings.
- Rural and regional services contribute to the continuous improvement of the Victorian health system.

### In the short to medium term we will take action to achieve the following:

- Ensure that the Health Innovation and Reform Council and the Commission for Hospital Improvement are informed and well positioned to drive continuous improvement across the rural and regional health system. These new bodies will build on the existing review, advice and consultative bodies.
- Deliver improvements that support better patient flow and the quality and safety of hospital services; better utilise the data available and streamline the approaches to data collection, management and reporting; and improve clinical and hospital administration. In the longer term, identified good practices that deliver improved clinical and patient outcomes, health system productivity and sustainability will be replicated across the rural and regional setting as appropriate.
- Provide support for integrated care networks to identify and implement approaches to strengthen clinical leadership and support local improvements and innovations to deliver more clinically appropriate and cost-effective care.
- Develop and implement a statewide health research framework that articulates health research priorities and guides future research activities. The framework will support a more collaborative approach with the Commonwealth Government, other government departments, health services and other jurisdictions, and will help to ensure better alignment of research activities where beneficial.

## Increasing accountability and transparency

Rural and regional health services are accountable to their communities for the delivery of high-quality healthcare services. Greater transparency in information about the performance of the health system will lead to better choices, increased responsibility and accountability, and better health outcomes including improved quality of healthcare and taxpayer value.

Effective accountability and transparency requires reliable and consistent information and a mechanism by which timely information is transferred. Through better designed stewardship obligations and transparent reporting, health services' accountability and financial monitoring can be improved.

### Health outcomes

A new health outcomes framework will be one way of measuring and monitoring performance of the system and service providers. It will bring together a range of existing state health data sources and augment it with other related data sources such as that held by the Australian Bureau of Statistics and Australian Institute of Health and Welfare to provide meaningful information about the performance of the health system and the best value health outcomes of individuals and communities. The framework will be developed over time and make the best use of data as it becomes available.

In rural and regional settings this approach will be tailored to reflect the particular rural and regional context, for example, health outcomes for population subsets such as farmers, and particular issues such as access and utilisation of primary care services.

Consistent with the approach of ensuring care is evidence based; the health outcomes framework will also include measures of compliance with the use of the agreed patient pathways and clinical guidelines.

In this way, it will be transparent to local communities whether health providers are delivering the most up-to-date care and using the resources of the whole of the region to deliver safe and effective care.

### Governance

To enable providers to implement changes, effective governance arrangements are needed.

The governance of hospitals and health services is a central task in the safe, efficient and cost-effective delivery of high-quality healthcare. This governance is regulated by the appropriate acts of parliament. Board members, a strength of the Victorian healthcare system, are required to act within the terms of relevant legislation and as trustees of health services.

There is also a need for sufficient input into clinical governance and health service governance from clinicians - doctors, nurses and allied health professionals. This will ensure that their voices and experience input into the governance and decision making by health services.

### Delivering greater transparency and accountability

A transparent health system should provide the community with full reports on outcomes and performance. These reports should include accurate and relevant information about the individual hospitals and health service providers and the broader health system, for example, by reporting openly on waiting lists.

Increasing transparency and accountability in reporting of accurate and relevant information about the Victorian health system's performance will empower people of rural and regional Victoria to judge the effectiveness of the healthcare system.

The government has already committed to a number of initiatives to improve transparency and accountability, including establishing a hospital performance website to provide information about the performance of our hospitals. This website, launched in June 2011, provides data including emergency department attendances, ambulance diversions, occasions of bypass and the number of ambulance patient transfer occasions and hours. The government also committed to improving the management of outpatient services, including publishing, for the first time, outpatient waiting lists. This information has not been collected or published before in Victoria. A detailed process is under way to collect, verify and publish this information in the near future.

### Our goals by 2022 are to ensure the following:

- Health system performance and outcomes are measured and transparent to the community.
- Health services are accountable to the communities they serve.

### In the short to medium term we will take action to achieve the following:

- Make data more available and readily accessible to service providers and the public, including expanding the existing hospital performance website which provides information regarding aspects of the performance of major regional hospitals, to include sub-regional and small rural health services.
- Establish service capability frameworks, clinical guidelines and patient pathways; monitor and support utilisation of, and adherence to the frameworks, pathways and guidelines through integrated care networks on an area basis.
- Develop and apply the health outcomes framework. The health outcomes framework will be tailored in the rural and regional areas to ensure areas of particular focus for rural and regional communities are incorporated and the burden of collecting and reporting data can be managed, particularly in smaller organisations located in rural and regional settings.
- Continue to strengthen the capability of rural health service boards and senior management to ensure that ongoing stewardship obligations of rural and regional health services can be met.
- Develop a more effective system to support more streamlined approaches to clinical governance at all levels of the rural and regional health system that facilitate continuous improvement in the safety and quality of care development.
- Strengthen rural and regional community engagement in local health service planning by trialling and evaluating mechanisms that support community participation and engagement in decision making.

## Utilising e-health and communications technology

Information collection, storage and transfer are an essential aspect of safe and effective healthcare. People benefit when their clinicians can access up-to-date and accurate information about their health. People often receive care across many healthcare settings and by multiple clinicians.

In these circumstances enabling the sharing of information, when it is appropriate to do so, can help to reduce the risks of error, inefficiency and potential disparities in patient outcomes. Technology provides the pathway to achieving information sharing that can support safe, high-quality care.

In rural and regional areas providers have worked together and used technology as a tool to improve service access, provide optimal care and draw on the workforce skills that may exist in different locations.

The effective and innovative use of e-health, telehealth and remote monitoring, as part of a coordinated, integrated and sustainable service model will support improved access and outcomes for rural and regional people. E-health may negate the need for travel away from the local area as expertise and advice may be able to be provided remotely. Until now, health services have been based very much on location – patients are required to be present with their healthcare professional. It can also mean more isolated clinicians can have easier access to the support they may need.

Using e-health and communications technology to support clinical decision making is one of the ways that technology can improve the quality and safety of healthcare. As evidence and approaches to care constantly change, keeping clinicians, particularly isolated clinicians in rural settings, up to date is challenging.

Providing electronic decision support technology based on the most up-to-date evidence base can bring information to the clinician–patient interaction faster.

In addition effective e-health can more easily link clinicians with each other to discuss and progress patient care, seek and provide secondary advice and opinions, and provide peer support, coaching and mentoring.

Access to a high-speed internet connection has significant implications for delivering healthcare in Australia. E-health allows in-home and remote access to key services such as digital medical imaging, consultation, health monitoring and diagnostics. ICTs and the internet enable provision of service and support, as well as access to and sharing of information, and are a means of furthering connections, both personal and professional.

The Virtual Trauma and Critical Care Unit (ViTCCU) provides one example where the use of ICT has facilitated better patient care and supports the rural clinical workforce (see Good practice case study 5 for further details).

### Our goals by 2022 are to ensure the following:

– Patients, clinicians and health service providers are making best use of e-health and communications technology to support the delivery of clinically appropriate and cost-effective care.

### In the short to medium term we will take action to achieve the following:

- Develop a rural and regional telehealth services strategy that improves access to and utilisation of the existing infrastructure.
- Utilise the existing telehealth infrastructure to better connect a broad range of healthcare and other health-related workforces such as maternal and child health, school health and human services workers, to deliver more timely services to rural and regional Victorians.
- Review the effectiveness of existing Rural ICT Alliances, focusing on their alignment with broader state and national ICT strategies.
- Articulate ICT system requirements that maximise the time available to clinicians and patients to focus on care, and streamline administrative tasks.

Further details of this work will be outlined in the *Health Capital and Resources Plan*. However, key aspects will include:

- ensuring future ICT platforms better enable data sharing and support patient management across the system
- consideration of priority strategies such as electronic clinical records (possibly patient-controlled), unique patient identifiers, wireless technologies and telehealth (principles to guide prioritisation will also be developed)
- an outline of potential stages for development, delivery and return on investment over a specified time period
- facilitating clinical and consumer participation in governance
- a review of legislative arrangements for ICT implementation and operation to ensure they do not inhibit appropriate electronic information sharing
- information security, privacy and access
- alignment of ICT and capital and other infrastructure planning, development and operation
- alignment, where appropriate, of state and national policy to ensure that future investment is strategic, efficient and effective.

## Good practice case study 5: An example of maximising the benefits of using ICT to facilitate better care

The Loddon Mallee Rural Health Alliance has established the Virtual Trauma and Critical Care Unit (ViTCCU). ViTCCU provides specialist trauma and critical care support to remote and rural patients in the region. City specialists use high-definition videoconferencing along with integrated health information systems to assist in assessing and stabilising the patient, and then determine if patient transfer is required. The technology allows patients to be remotely managed by specialists working from major trauma centres and virtual centres such as Adult Retrieval Victoria (ARV).

ARV is the first point of contact for any retrieval services in Victoria. A key strength of the ViTCCU model is its use of this platform to coordinate the provision of online consultations as part of its broader retrieval services, therefore ensuring a timely, integrated response.

The telemedicine links are allowing clinicians to decide when it is in the best interests of the patient to be transferred to a metropolitan trauma centre and to support the staff on site throughout the process. All X-ray images, patient bedside telemetry and clinical EMR details (if implemented) are available to the remote specialist. The system has reduced hospital transfers by 10 per cent and improved the quality and access to specialist care for remote and regional patients.

The Victorian Stroke Telemedicine (VST) project has now been integrated with the established ViTCCU system at Bendigo Hospital to provide telemedicine support for regional doctors.

# Next steps

## Building on the strengths of the rural and regional health system in Victoria will be an important step towards achieving the government's vision of a high-performing, people-focused, knowledge-focused health system by 2022.

The *Rural and Regional Health Plan* outlines a range of key actions that are fundamental to achieving the outcomes set out in the *Victorian Health Priorities Framework 2012–2022*. The government has already commenced the implementation of a number of key actions outlined in this plan through measures announced in the 2011–12 State Budget.

The changes needed will take time and require the system to work together. The government is committed to working with health services and other agencies to achieve these goals.

Progress towards achieving the outcomes set out in the *Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan* and the actions outlined in this *Rural and Regional Health Plan* will be routinely monitored and specific strategies evaluated to ensure the intended objectives are being met. The plan will be revised as appropriate to ensure it remains in alignment with new evidence, contemporary practices and government directions.

The *Metropolitan Health Plan: Technical Paper* will be revised to reflect the most recent available population data prepared by Department of Planning and Community Development in 2011 based on ABS population estimates for 30 June 2010.

A number of consultations have been held in rural and regional areas as part of the release of the *Victorian Health Priorities Framework 2012–2022*, and feedback received during these consultations has been taken into consideration when developing this plan. However, further feedback is always welcomed and written submissions on this paper from the community and the health sector can be submitted via the department's website. Further information is available at <www.health.vic.gov.au/healthplan2022>.

The government looks forward to working with all those who contribute to and work in our health system. The energy, ideas, and enthusiasm for change that is evident in the health sector provide an excellent basis for the work that lies ahead. The Victorian Government looks forward to building a health system that all Victorians can rely on and are proud of.

# Appendix

| KEY DOCUMENTS OUTLINED IN THE *RURAL AND REGIONAL HEALTH PLAN* | PURPOSE OF THE DOCUMENT |
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| Victorian Health Priorities Framework 2012–2022 | Sets the direction for the next decade and articulates the desired outcomes, principles for decision making and a set of seven key priorities to guide action. |
| Health outcomes framework | Once developed, this framework will bring together meaningful information about the performance of the health system and the health outcomes of individuals and communities. |
| Statewide service capability framework | Once established, this framework will set out a common approach to service capability and outline the minimum care standards, workforce skills and infrastructure required to support high-quality, efficient and effective clinical services.<br><br>The framework will bring together the specific service capability tools currently developed and guide all future developments across the system. |
| Specific service capability tools such as:<br>– maternity<br>– rehabilitation<br>– cardiac<br>– renal<br>– paediatric<br>– cancer | Specific service capability tools outline the minimum care standards, workforce skills and infrastructure required to support the delivery of a specific clinical service from primary or ambulatory care through to complex specialty and quaternary care. |
| Patient pathways | Patient pathways are standardised structured approaches to the management and movement of identified patient groups between and across multi-disciplinary teams and multiple providers. They are designed to support clinical management, clinical and non-clinical resource management, clinical audit and also financial management. They provide detailed guidance for each stage in the management of a patient with a specific condition over a given time period, and include progress and outcomes details. They aim to improve continuity and coordination of care across disciplines and between organisations. They describe the expected flow of a particular patient group and support clinical decision making. |
| Clinical guidelines | Clinical guidelines are developed by clinical experts based on the best available research in the clinical specialty area. They set out the best practice for care for a patient with a particular condition or conditions. Clinical guidelines support clinical decision making. As evidence changes so do clinical guidelines, therefore it is important to maintain their relevancy and appropriateness. |

# Glossary

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| Aboriginal and Torres Strait Islander | Aboriginal and Torres Strait Islander people are those people of Aboriginal or Torres Strait Islander descent who identify as an Aboriginal or Torres Strait Islander and are accepted as such by the community in which they live. |
| Allied health | A range of health professionals including but not limited to audiologists, chiropractors, dietitians, exercise physiologists, occupational therapists, orthoptists, orthotists, prosthetists, osteopaths, pharmacists, podiatrists, physiotherapists, psychologists, radiographers, radiation therapists, sonographers, social workers, speech pathologists and diabetes educators. |
| Allocation (as in resource allocation within the health system) | Denotes decisions made about how, where and for whom resources are spent. Allocation can occur at multiple levels, for example, through allocation of the government budget to how an individual health service allocates its resources. |
| Ambulatory-care-sensitive conditions | Conditions for which hospitalisation is thought to be avoidable with the application of preventive and primary care management. |
| Capacity | Refers to the amount of services able to be offered, or the number of patients able to be cared for, by the system or a service provider. Common capacity constraints include too few beds or too few staff. |
| Chronic and complex conditions | **Chronic condition:** A condition of at least six months' duration that can have a significant impact on a person's life and requires ongoing supervision by a health professional, for example, asthma, cancer, cardiovascular disease, diabetes mellitus, mental health conditions, arthritis and musculoskeletal conditions.<br><br>**Complex care needs:** People with complex care needs have multiple health, functional and/or social issues and are at risk of functional decline and/or hospital admission. |
| Clinical guidelines | Guidelines for clinical practice (clinical guidelines) are statements developed systematically in order to assist practitioners and patients to make decisions about appropriate healthcare for specific circumstances. |
| Clinically appropriate | Describes care that from a medical perspective (as opposed to, for example, a financial perspective) is deemed fitting, and is ideally considered best practice. |
| Clinician | Denotes any health professional. |
| Community-based services and settings | Health and wellbeing services and service locations (which may include care in the home) that are designed to meet a community's needs locally, that is, close to where people live. |
| Comorbidity | Either the presence of one of more disorders (or diseases) in addition to the primary disease or disorder, or the effect of such additional disorders or diseases. |

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| Configuration of the health system | Denotes how we organise health services to deliver the outcomes we want. |
| Continuum of care | The collective term for all components of care in the health system.<br><br>**Protection.** Government actions to help the whole state's population (as opposed to individuals, to whom the remaining seven components pertain), for example, in relation to preparing the community for emergencies, protection against communicable diseases, and the protection of environmental health.<br><br>**Health promotion.** Activities that help you make decisions about actions and behaviour that lead to good health.<br><br>**Illness prevention.** Activities that help you make decisions about actions and behaviour that help prevent you from becoming ill.<br><br>**Primary care.** Primary care occurs at a patient's first point of contact with the medical or healthcare system. There are two types of primary care:<br><br>– Primary medical care is the care you receive at your first point of contact with the medical system, most often, your GP.<br><br>– Primary healthcare is the care you receive at your first point of contact with the healthcare system, for example, when you see a physiotherapist because you have a sore back. It is traditionally delivered in community health centres or through private allied health providers.<br><br>**Secondary care.** The care you receive when primary care is not enough. Secondary care is more technical, intensive or complex than primary care.<br><br>**Tertiary care.** Tertiary care is specialised care usually provided on referral from primary or secondary care.<br><br>**Quaternary care.** Quaternary care is the next step up again in technicality, intensiveness and/or complexity of care; it is highly specialised and operates at a statewide level, for example, trauma care and some organ transplants.<br><br>**Rehabilitation.** The service you need to 'get back on your feet' after ill health.<br><br>**End-of-life care.** The care you receive when you are dying. |

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| Coordinated services or care | Care coordination is the deliberate organisation of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of healthcare services. Organising care involves the marshalling of personnel and other resources needed to carry out all required patient care activities, and is often managed by the exchange of information among participants responsible for different aspects of care. |
| Early intervention | Denotes an act of intervening, interfering or interceding with the intent of modifying the outcome either early in a person's life course or early in the progression of a disease. |
| E-health technology | E-health technology denotes electronic tools and resources used in healthcare; these include electronic medical records, remote monitoring, telehealth and bedside clinical decision support. |
| Evidence (as in 'evidence-based' and 'evidence-informed') | Accumulated knowledge from medical practices, experience and research. Often used in the context of decision making – decisions wherever possible should be based on evidence and not primarily motivated by other considerations (such as past practice or expediency). |
| Fiscal responsibility | The responsible collection (taxation) and use (expenditure) of government revenues. Often connotes transparency and accountability. |
| Healthcare | The prevention, diagnosis and treatment of disease, illness, injury and other physical and mental impairments. The healthcare system is focused on the wellbeing of individuals – in contrast, the field of public health (see 'Public health') focuses on the wellbeing of populations. |
| Health literacy | An individual's ability to read (or otherwise apprehend), understand and use healthcare information to make decisions about their health and follow instructions for treatment. |
| Indigenous status | Indigenous status refers to those people of Aboriginal or Torres Strait Islander descent who identify as an Aboriginal or Torres Strait Islander and are accepted as such by the community in which they live. |

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| Integrated care network | Integrated care networks will bring local clinicians and health service organisations together to develop area-based approaches that respond to people with priority clinical conditions. These networks will support the local implementation of clinical guidelines and care pathways which are developed by the Statewide Clinical Networks. The networks will facilitate better patient access to appropriate services within their local area, ensuring care is provided in line with clinical guidelines. The networks are especially important in the delivery of clinically appropriate and cost-effective care for those with complex and chronic conditions. |
| Knowledge-focused | An emphasis on knowledge and information (see also 'Evidence'). |
| Knowledge management | How information and knowledge is managed – that is, collected, stored, analysed, shared and used. |
| Medicare Locals | Funded by the Commonwealth Government, Medicare Locals will be established across Australia as part of a nationwide network of primary healthcare organisations. Medicare Locals will support health professionals to improve the delivery of primary care services at a local level and to improve access to after-hours primary care. |
| Palliative care | Specialised healthcare provided by experts with training and experience in supporting people living with a terminal illness and their families. |
| Patient pathway | A picture or model of the procedures and administrative processes that a patient experiences when moving through the healthcare system. |
| People-focused or people-centred | An emphasis on individuals (patients, carers, and their family members). Often contrasted with 'system-focused' or 'service-focused', and used to denote the importance of designing care and delivery of care primarily around the needs and experiences of people, not of the system or services. |
| Primary care | Primary care occurs at a patient's first point of contact with the medical or healthcare system. There are two types of primary care: Primary medical care is the care you receive at your first point of contact with the medical system, most often, your GP. Primary healthcare is the care you receive at your first point of contact with the healthcare system, for example, when you see a physiotherapist because you have a sore back. It is traditionally delivered in community health centres or through private allied health providers. |

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| Private health sector | Comprises health and wellbeing services primarily funded by individuals through insurance payments, and managed by organisations that are independent of government (for example, churches and for-profit companies). |
| Provider (as in health provider or service provider) | An individual who or organisation that provides services related to health and wellbeing. |
| Public health | What we do as a society to assure the conditions in which people can be healthy. Public health focuses on prevention, promotion and protection rather than on treatment (see 'Healthcare'), on populations rather than individuals, and on the factors and behaviour that cause illness and injury. |
| Public health sector | Comprises health and wellbeing services primarily funded by citizens through the taxation system, and managed by or on behalf of, the government. |
| Self-care | Activities undertaken by an individual to promote their own health, prevent disease, limit illness and restore their own health. Self-care is typically undertaken without health professional assistance but is informed by the knowledge and skills of health professionals. |
| Statewide Clinical Networks | Statewide clinical networks are collaboratives bringing together health professionals, patients, consumers, carers and organisations to work across boundaries, applying principles of cooperation and partnership and focusing on patients to improve access, equity and quality of healthcare. Networks create awareness that all areas are linked within a coordinated system, with each part playing an important role. |
| Subacute | Care for patients requiring short-term, complex medical and/or rehabilitation interventions. Typically used as an alternative to acute hospital admission or continued hospitalisation. |