2018 RDN Outreach Forum Update
Outline

- Aim and outreach programs
- Story of growth and maturity
- Identified outreach needs
- Strategic themes
- Kahoot discussion
Outreach Program aim:
To increase access to health services for people living in regional, remote and Aboriginal communities.

How is this achieved?
By delivering outreach clinics that reduce access barriers, including:

Distance and disruption from travel to major centres;
Cost and economic hurdles;
Cultural safety barriers; and by
Strengthening local service capacity through upskilling.
Outreach programs

- More than 1,100 outreach services are funded through RDN's Outreach Program
- EESSS commenced in 2017-18

<table>
<thead>
<tr>
<th>RHOF</th>
<th>MOICDP</th>
<th>HEBHBL</th>
<th>VOS</th>
<th>AEHC</th>
<th>EESSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural Health Outreach Fund</td>
<td>Medical Outreach Indigenous Chronic Disease Program</td>
<td>Healthy Ears Better Hearing Better Listening</td>
<td>Visiting Optometrist Scheme</td>
<td>Coordination of Indigenous Eye Health Activity</td>
<td>Ear and Eye Surgical Support Service</td>
</tr>
<tr>
<td>Supports multi-disciplinary health services to regional, rural and remote NSW</td>
<td>Supports multi-disciplinary health services to Aboriginal communities</td>
<td>Supports ear health services to Aboriginal youth (0-21)</td>
<td>Supports optometry services to regional, rural and remote NSW and Aboriginal communities</td>
<td>Aims to improve the coordination of eye health services to improve access for Aboriginal people.</td>
<td><em>New in 2017</em> Aims to expedite access to surgical interventions for Aboriginal patients</td>
</tr>
<tr>
<td>ASGC-RA 2-5</td>
<td>ASGC-RA 1-5</td>
<td>ASGC-RA 1-5</td>
<td>ASGC RA 1*-5 * 1 - for Aboriginal communities only</td>
<td>All of NSW/ACT</td>
<td>ASGC-RA 1-5, Aboriginal communities only</td>
</tr>
<tr>
<td>Funded to June 2020</td>
<td>Funded to June 2020</td>
<td>Funded to June 2022</td>
<td>Funded to June 2020</td>
<td>Funded to June 2019</td>
<td>Funded to June 2020</td>
</tr>
</tbody>
</table>

All outreach programs are funded by the Australian Government Department of Health
Program growth and maturity

Growth:
- 99% increase in outreach clinic hours delivered (153,000 in 16/17)
- 87% increase in patient occasions of service (204,000 in 16/17)
- 130% increase in Aboriginal patient access (128,000 in 16/17)

Maturity:
- 2017-18 activity has generally stabilised
- Fully allocated programs
- Limited opportunities to respond to newly identified needs
Key program stats:

- >800,000 Patient occasions of service in the five years ending June 2018
- Currently delivery approx. 200,000 OoS each year.
- 168 NSW/ACT towns receive outreach services
- >800 Outreach health practitioners
- 86 Full-time-equivalent health practitioners.
- 37 Medical specialist disciplines
- 27 Allied health, nursing and Aboriginal health practitioner disciplines
- >200 Health administrators
- >60 Partner health agencies, including ACCHSs, LHDs, NGOs and PHNs
Responding to new needs

377 service need identified/confirmed in 2018 Annual Review

Identified new needs and reserve list services
2018 Medical specialist service gaps

- GP (including sub-specialties)
- Psychiatrist (inc. sub-specialties)
- Respiratory physician
- Paediatrician (inc. sub-specialties)
- Cardiologist
- Addictions medicine physician
- Dermatologist
- Haematologist
- Endocrinologist
- Neurologist
- ENT
- Oncologist
- Obstetrician and/or gynaecologist
- Anaesthetist
- Palliative care physician
- Pain medicine physician
- Rheumatologist
- Ophthalmologist
- Rehabilitation medicine specialist
- Gastroenterologist
- Nephrologist
- General physician
- Orthopaedic surgeon
- Geriatric medicine specialist
- Cystic fibrosis team

No. outreach visits requested
2018 Allied health and nursing service gaps

- Nurse (inc. sub-specialties)
- Aboriginal health worker
- Speech pathologist
- Psychologist (including sub-specialties)
- Occupational therapist
- Physiotherapist
- Social worker
- Exercise physiologist
- Dietitian/Nutritionist
- Drug and alcohol worker
- Mental health worker
- Diabetes educator
- Podiatrist
- Midwife
- Smoking cessation clinician
- Optometrist
- Allied health assistant
- Exercise instructor
- Cardiac technician
- Audiologist
- Sonographer
- Pharmacist
- Chronic disease educator
- Respiratory technician

No. outreach visits requested
Strategic themes

- **Respond to identified service needs by:**
  - Collaborating with regional stakeholders to identify solutions;
  - Outreach integration with local services; and
  - Prioritising service needs and allocation of funding.

- **Value-for-money**

- **Aboriginal Cultural Safety**

- **Improvement through understanding outreach impact** (inc. access and health outcomes)

- **Telehealth - to increase access**
The Annual Review’s primary output is the Outreach Program’s 2018-19 plan (including an Activity Work Plan for each program):

### Annual Review Gantt chart

<table>
<thead>
<tr>
<th>Task</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Annual Review and communications</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health practitioner surveys</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subcontractor surveys</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Host facility structured interviews</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subcontractor planning meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional outreach planning meetings</td>
<td>Inc. Workforce NA and HWSP discussion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct contractors review interviews</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Budget and schedule reviews</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data and analysis work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feedback from Working Group and AF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submit AWPs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form contracts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

New component
Outreach Health practitioner survey

236 survey respondents (29%)

Respondents included:
- Allied health 43%
- Medical specialists 33%
- Nurses 12%
- Other 4%
2018 patient survey:

- 100 outreach clinics selected for survey
- 55 clinics returned patient surveys
- Patient survey respondents (n=633)
- 86% increase in responses from previous year – attributed to new process for selecting sites and project management
- Added questions to identify Aboriginality and functional health outcomes
- Opportunities for further analysis
Aboriginal/non-Aboriginal patient responses

- 317 non-Aboriginal patients (50%)
- 303 Aboriginal patients (49%)
Patients responded from 39 different locations
Kahoot game discussion

Please go to:

**www.Kahoot.it**

You’re welcome to use mobile data or Maritime Museum wifi:

**Network:** ANMMVMVenues  
**Username:** outreach  
**Password:** 2018
Q1a: Health practitioner survey: Interest in telehealth

Do you currently use telehealth technology to enhance your existing outreach service?

- Yes: 23.5%
- No: 76.5%

Please describe the type of technology model being used:

- Video conferencing
- Mobile or Tablet Applications
- E-health record management
- Other (please specify)
Q1b: Health practitioner survey: Interest in telehealth

Would you like to be contacted to discuss opportunities to enhance your outreach service with telehealth?

- Yes
- No

[Bar chart showing the percentage of practitioners interested in telehealth, with a higher percentage indicating a lack of interest.]
Q2: Patient survey: Current use of technology

What computer or mobile devices do you currently use (Select all that apply)?

All patients:

Aboriginal patients:
Q3: Patient survey: views of telehealth

If waiting time for this service could be shortened by providing appointments over a computer video link, please indicate how you would prefer to access this service?

NB: Aboriginal patient responses were consistent with the total population
Overall, how would you rate your satisfaction with the delivery of the service?

- 98% of respondents were very satisfied or satisfied – largely consistent with previous years.
- Reasons for dissatisfaction included practitioner running late and consultations being too rushed.
The vast majority of patients provided feedback indicating that affordable, accessible and safe services are being provided by the outreach program, and they are positively impacting their health.

The following comments from patients reflect the value they place on outreach services:

“Thanks for seeing your patients with respect”

“This service has enabled me to keep working & give me a great quality of life”

“I live in a region that has very few specialists available and this is an incredible help”

“I have been worried about my ears for a couple of weeks and having the free test done has put my concerns at rest”

“I could not get through this process without the support of these health professionals”
Q5: Patient survey: Improved access?

Has this service improved your access to health care?

- Yes: 85.67% (532)
- No: 3.22% (20)
- Not sure: 11.11% (69)
Q6: Patient survey: Travel time

- 86% of patients travelled one hour or less (one way) to access the clinic.

- 17 minutes was the average time (one way) Aboriginal patients spent travelling to outreach services.

- 42 minutes (one way) was the average for non-Aboriginal patients.
Q7: Patient survey: Patient transport

How do patients travel to outreach clinics?

- **Private Vehicle**
  - Non-Aboriginal: 95%
  - Aboriginal: 68%

- **Community Transport**
  - Non-Aboriginal: 1.9%
  - Aboriginal: 22%

- **Public Transport**
  - Non-Aboriginal: 0.9%
  - Aboriginal: 3.0%

- **Walked**
  - Non-Aboriginal: 0.9%
  - Aboriginal: 7.0%

- **Taxi**
  - Non-Aboriginal: 0.6%
  - Aboriginal: 0.0%

- **Home Visits**
  - Non-Aboriginal: 0.3%
  - Aboriginal: 0.0%
Q8: Patient survey: Better health outcomes?

- 89% of patients (93% Aboriginal and 84% non-Aboriginal) indicated feeling better about their health after accessing outreach services.

Patient comments:

“I'm treated like a human being”

“Without this service I would be housebound & in enormous pain”

“Has helped me think [about] and manage my health better”

“Achieved the goal of long overdue psychiatric review”

“When you have cancer treatment you cannot say your health feels better - but you can say you feel much better about receiving your chemo when you do not have to travel”
Q9: Health practitioner motivation

What motivates you to provide health outreach services?

Likert scale options:

- Provide healthcare to disadvantaged people or regions
- Provide complex healthcare in challenging situations
- Provide support for rural health staff
- Maintain personal connection to a region
- To grow their practice
- Outreach is a requirement of their employment
Q10: Local orientation for health practitioners

How would you rate the local orientation given to you by your host facility/organisation (e.g. Aboriginal health services or local health district)?

![Pie chart showing the distribution of responses to the Q10 question. The chart indicates that 30.57% rated it 'Very Good', 25.91% rated it 'Good', 29.02% rated it 'Adequate', 1.55% rated it 'Poor', 1.04% rated it 'Very Poor', and 11.92% did not receive orientation.]

NB: For those health professionals who did not receive orientation, many left commentaries expressing their interest in doing so and these will be followed up with the appropriate subcontractors.
Q11a: Health practitioner satisfaction

How would you rate your overall satisfaction with the health outreach program?

- 85% of practitioners indicated they were very satisfied or satisfied.
How would you rate your overall satisfaction with the health outreach program?

• What worked well? The following comments reflect common themes:

“Having multiple services all working together in a single multi-disciplinary health service”

“The contact that the local Aboriginal Health Worker has with local community is wonderful and invaluable in engaging patients to attend clinics”

“The AMS do great work engaging the community and ensuring patients attend appointments”

“The multi-disciplinary team are all available on clinic day, there is sound communication amongst team members and strong community engagement with the service”

• Reasons for dissatisfaction (13 practitioners, 6%) comprised of poor organization and support of clinics, lack of communication, inadequately trained staff, remuneration issues, IT concerns, feeling unappreciated for services provided and poor leadership – RDN will address these where appropriate.
Q12: Health practitioner retention

For workforce planning purposes, please let us know how long you intend to continue providing health outreach services?

- 83% indicating >3 years - consistent with previous years
- Succession planning will be undertaken for practitioners that have indicated an intention to cease outreach within a year.
Questions/Discussion
Health practitioner who’ve provided outreach clinics for more than five years:

Robyn Bradley, Psychiatrist
Raylene Merritt, Aboriginal health worker
Timothy Allen, Aboriginal health worker
Susannah Summons, Dietitian/Nutritionist
Rachel Haack, Podiatrist
Leonie Parker, Nurse practitioner
Tony Lord, Optometrist