



**THE PRIORITIES OF VICTORIAN RURAL
CONSUMERS WHO TRAVEL FOR HEALTHCARE**

*A summary report of seven key priorities
towards 'whole-of-journey' supportive and
coordinated care*

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INTRODUCTION

In 2008, the Health Issues Centre prepared a Discussion Paper on 'The needs of rural consumers who travel to Melbourne Hospitals'. The theme for this paper was developed following concerns expressed by several metropolitan hospitals' Community Advisory Committees (CAC) about the range of issues faced by rural consumers when using city hospitals.

The heart of the paper was the stories shared by 16 rural consumers mostly from the Loddon Mallee region of Victoria of complex and poignant experiences. Very clear strategies for change were identified by the consumers and were reinforced by the literature review undertaken in this work. A consumer-strong reference group developed priorities for recommendations.

HIC was committed to further open up dialogue and encourage consideration of developments by all levels of Government and health services both in rural and metropolitan areas of Victoria, of enhancing the journey for consumers and carers, towards more supportive and coordinated healthcare.

HIC coordinated two regional roundtables one each in Gippsland, December 2008 and Loddon Mallee, April 2009. The roundtables brought together rural consumers and carers; regional representatives of the Department of Human Services, primary health services including Divisions of General Practice, community health and primary care partnerships; public health services including metropolitan, regional, district and rural health and community based transport providers.

Seven key areas of policy and practice change were consistently identified for a 'whole-of-journey' approach to rural consumers who travel for healthcare. These have arisen from the roundtables which affirmed and further strengthened the voices of consumers told in the Discussion Paper.

Each of these seven areas of change are directed to different levels in the health system, including developments within the Department of Human Services(DHS), within rural GP services, within public and primary health services in rural areas, regional centres and in Melbourne, as well as transport and accommodation services.

Because of this fragmentation of responsibility, it is critical that the journey of the rural consumer be seen as a 'whole', from the moment their rural GP refers them 'away' to their specialist services in regional or metropolitan hospitals, to their experience as outpatients and inpatients and to their return home after treatment and needing local care.

The following is a summary of the seven priority areas.

SEVEN PRIORITY AREAS OF DEVELOPMENT AND CHANGE

1. DHS leadership and support to 'whole-of-journey' experience

Victorian Government leadership, commitment, vision, directive, policies and resources for holistic and coordinated support to whole-of-journey experience of rural consumers, from the moment their GP refers them 'away' to their return home after treatment and needing local care. It is clear that this responsibility lies within DHS Statewide. There are important lessons to be learnt from the experience of Country Health, South Australia and their 'Patient Journey Initiative'.

2. Identifying rural consumers across all health services

A way of clearly identifying rural health consumers at all points along the journey is critical - from GP, specialist, metro, regional and rural health services and to be included in referral processes, hospital admission procedures, outpatients, discharge information... all of it, and there and back.

Some of the ways that have been identified include:

- *A rural gold card?*
- *A rural flag on files?*
- *SCOTT tool?*
- *www.connectingcare.com?*
- *Maps over beds?*

Whatever the method used, the identifier is needed to act as a trigger for coordinated and supportive healthcare.

3. Rural GP practice, in particular practice manager/nurse as the key point of information and coordination for rural consumers

There is a need for business case and support for rural GPs to develop and include the role of GP practice managers/nurses as key providers of information, support and coordination.

First, there is a need for rural GP services to be convinced and supported about the efficacy and viability of this development. Second, there is a need for the actual formalisation and inclusion of that role with their practice-managers/nurses. Third, there is a need for resources, including centralised and accessible information about travel and accommodation, which practice managers/nurses can use to better provide the direct support to rural consumers.

4. "Someone who actually knows the system" in the hospitals

There is a need for key and identified staff in rural, district, regional and city hospitals who provide coordinated support for rural consumers and carers and who also advocate for the needs of rural consumers within their services.

In some hospitals it may be appropriate to develop specific rural liaison positions, in others it may be staff, including social workers and care coordinators, already in place and supporting rural consumers, and who further develop specific expertise on the needs of rural consumers and carers.

There is a lot to learn from the Patient Journey Initiative of Country Health, South Australia, where more than 180 health workers across South Australia communicate and coordinate care for rural consumers through a Rural Patient Liaison network.

5. Development and availability of whole-of-transport and accommodation information relevant to location of hospitals

There is a need for the development of accessible, web-based, regularly updated, whole- of-transport, accommodation and other information available to both health workers and consumers. GP practice managers/nurses will potentially be the first within the health service continuum to access and make this information available to consumers. Regional and city hospitals treating rural consumers will need to provide more specific information relevant to transport and make it available to rural consumers prior to their leaving home and travelling for healthcare.

Transport:

- Each region will have different information about transport options available. An example: Let's Get Connected, Transport Connections in Gippsland has prepared Public Transport Guide to Melbourne Hospitals.
- Information about Victorian Patient Assistance Transport Scheme (VPTAS) and community transport options are also critical.
- Other travel information to be included – Traveller's Aid support provided in Melbourne and parking and access to people using private transport.

Accommodation:

There is a need for development of a registry of alternative accommodation options which are accessible to the specific hospital locations.

- Mallee Division of General Practice has developed a general Accommodation Guide per Melbourne suburb. This is a useful tool and needs further support to be updated and made more accessible.
- The St Vincent's Accommodation Guide and model is more specific and mutually beneficial both to the consumer and the hospital itself.
<http://www.svhm.org.au/infofor/visitors/accommodation.htm>
It is maintained by the St Vincent's Accommodation Officer who understands each accommodation provider's services, develops a list of preferred providers, continually reviews the list in line with consumer feedback and links patient with most suitable option.

6. Rethinking discharge to 'transfer of care'...

A re-conceptualisation of discharge towards a 'transfer of care' model needs to be considered. This is especially necessary for rural consumers leaving healthcare and treatment in metropolitan and regional hospitals.

Some of the key features of transfer of care model include:

- Holistic assessment including psychosocial health and understanding of what support mechanisms already available
- Early planning with consumer and carer
- Use www.connectingcare.com or other similar tools as a means for referral and coordination with locally based services
- Communication must be linked back to the locally based care, for example mental health nurses, GP practice managers and nurses, rural hospital, allied health staff, post-acute care coordinators.

7. Better transport and accommodation support and options

There are different elements to this vast and complex area. The considerations here are included because they can be taken up by health services and DHS directly.

Improve VPTAS

- Increase the travel and accommodation allowances to reflect the real costs
- Streamline form-filling procedures for GPs, specialists and consumers.
It is important to recognise that this has already happened through the efforts of DHS statewide.
- Provide clear, consistent information about VPTAS entitlements.

- Follow-up and implement recommendations arising from the National Senate Inquiry into Patient Assisted Transport Schemes (Recommendations released September 20, 2007).

Community transport

- Coordinate and increase support and funding to community and volunteer transport initiatives - whether funded and provided by HACC, Disability, Transport Connections, local NGOs or government.

Providing return transport

- Transport decisions by health service need to be matched to health needs and when appropriate include providing return transport.
... *'in an ambulance for people who have had major procedures (e.g. heart surgery) ...back to a country hospital for an overnight stay before they're encouraged to go home*

Air ambulances and carers

- A strong case for the inclusion and guarantee of places to carers in air ambulance travel.

Development of other accommodation options

- Purpose built centres which accommodate carers and family members for whom the consumer in treatment continues with caring responsibilities.
- Registry of private homes accessible to relevant hospital who may have independent living facilities, such as 'granny flats' where rural consumers and carers can stay for duration

CONCLUDING REMARKS

These seven priority areas of development clearly pose a positive challenge to all levels of government and health services implicated.

Some further work has already taken place which helps unfold the many aspects of implementation of these seven areas.

HIC especially directs attention to the documentation of the Loddon Mallee roundtable. First, for the practical and clear solutions identified by participants that help fill in the gaps to questions of implementation in the priority areas for the whole-of-journey care and support to rural consumers. Second, for the contribution and example provided by the South Australian experience, '*Patient Journey Initiative.*'

The regional roundtable reports on "*The priorities of rural consumers who travel for healthcare*" can be found at the Health Issues Centre website http://www.healthissuescentre.org.au/documents/detail.chtml?filename_num=285821

The over-riding challenge is to begin and maintain a 'whole-of-journey' perspective from the point of view of rural consumers travelling for healthcare, even when this is complicated by the fragmentation of responsibility for each of these seven priority areas.

However, it is clear from the shared stories of consumers and from the thoughtful reflections and discussions between government, health and transport workers with consumers together, that solutions to overcome these challenges are not only necessary but possible.