Submission No 461

INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NEW SOUTH WALES

Organisation: My Emergency Doctor

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My Emergency Doctor submission to the Inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW, January 2021

The COVID-19 pandemic is a profound reminder of the need to be able to access essential medical care and healthcare services where and when needed. It is also a reminder of the inequities that continue to exist when it comes to accessing that care.

My Emergency Doctor welcomes this Inquiry. The opportunity to ensure Australians living in rural, regional and remote NSW receive the same standard of healthcare as Australians living in metropolitan cities, such as Sydney, should be the core aspiration of Australia's healthcare sector, hospitals and government.

Overall, healthcare in rural, regional and remote NSW is good, but it could be better. Local health districts provide vital public hospital and health services to around 2.8 million people living in regional and rural NSW.[1] These facilities have significantly improved the capability of regions to deliver high quality healthcare in a local setting.

However, care does not reach all patients whenever and wherever it is needed. Some healthcare services simply aren't as readily available as in the city and acute medical emergencies present without warning. In such cases the level of care available at the destination facility, and the ability for patients to receive care in a safe and timely manner, determines their health outcomes.

Striving to appropriately staff every rural, regional or remote healthcare facility with resources equitable to a metropolitan facility is costly – and maintaining sustainable centres depends on facilities allocating finite resources to meet a broad range of patients' needs.

Our view on the challenges, the real opportunities and the recommendations for change for this Inquiry to consider are:

Terms of reference 1(a) health outcomes for people living in rural, regional and remote NSW.

Low population density, long travelling times, limited opportunities to harness economies of scale, perennial difficulties recruiting a skilled workforce and an ageing population all place significant pressure upon non-metropolitan healthcare services.

Whilst some rural communities are reasonably well-resourced by GPs, most are unable to attract and maintain specialist services to cover all patient needs. In acute medical emergencies, the level of care available at the destination facility, and the ability for the patient to receive care in a safe and timely manner, determines their health outcomes.

In metropolitan NSW, anyone that presents at an emergency department is expertly triaged by the seriousness of their health problem; and patients with serious conditions in need of urgent medical care are assessed by a specialist emergency physician as the routine standard of care.

We understand that rural, regional and remote communities are delivering care to their communities with the resources they have. And due to varying factors, care does not reach all patients whenever and wherever it is needed.

Providing after-hours care to these communities can often be most challenging. In the absence of well-coordinated, timely access to after-hours care, patients are either forced to wait or receive delayed care which can then lead to their condition worsening and the subsequent need for hospitalisation and longer hospital stays.

Ambulance or patient transfer from rural, regional and remote healthcare facilities to larger hospitals is often lengthy and takes limited resources out of the community for significant

amounts of time. Patients leaving their community to access care also creates a disconnect between them and their loved ones.

There is an immediate opportunity to improve health outcomes of patients in rural, regional and remote NSW through the use of technology. In 2020, millions of Australians received critical technology-enabled healthcare services.

Real-time, acute care for patients can be achieved through integrating care – connecting clinicians on the ground to specialists via telemedicine – to support patient management and help them provide immediate specialist expertise to patients, as if they were working on site.

Recommendation/s:

- The Inquiry implement guidelines to enable every patient in need of acute medical care receive equivalent access to specialist emergency physicians, as a minimum standard of care.
- The Inquiry recommend a sustainable funding model for rural Multipurpose Services (MPS) to access dedicated specialists' services to reflect their local needs.

Terms of reference 1(g) an examination of the staffing challenges and allocation that exist in rural, regional and remote NSW hospitals and the current strategies and initiatives that NSW Health is undertaking to address them.

Staffing is a perennial and multifaceted challenge for rural areas – it's also not a quick fix. Inadequate professional support – in relation to clinical issues, professional development, on call requirements and the ability to have a sustainable balance between work and non-work time, as well as feelings of isolation – increase the risk of clinician burnout and the clinician leaving the rural setting.

Clinical staff will always be essential and vital to patient care. However, we need to acknowledge that long-term staffing solutions may require us to consider new approaches and to work smarter.

A key challenge that rural facilities face is that their size and the ability to predict demand for various healthcare services does not warrant and cannot economically sustain employment of permanent, full-time specialist clinical staff. The demand for a particular medical specialist might instead be, for example 0.2 or 0.6 of an FTE (full-time equivalent) of a specialist. Given the difficulty in attracting and retaining fractions of specialists, facilities may opt for a Visiting Medical Officer who attends the site for a few days a month. While this approach technically meets rural communities' overall demand for specialist service, it does not provide the service when demand presents. This is particularly the case for urgent or emergency presentations when timely access is vital. Access to specialists using telemedicine as and when it's needed and never when it's not, is a possible and immediate cost-effective solution that best matches available specialist expertise, wherever it is to wherever it's needed.

Up until the COVID-19 pandemic, it was an accepted part of life to receive healthcare in a face-to-face setting. But that has changed dramatically. This year millions of Australians received critical technology-enabled health care services. Many primary care facilities adopted and grew to feel comfortable connecting clinicians with patients via phone and video calls, while on a larger scale, the first virtual hospital ward in Australia was delivered remotely.

This shift in thinking has helped breakdown longstanding beliefs about how Multipurpose Services (MPS), hospitals and emergency departments can be staffed. Until now, the only way to manage staff shortages was to build a roster with 'available' staff, and hire a locum or contract staff to fill the gaps or simply accept the gaps and 'manage through', which is particularly common.

Just as technology has been helping support, accelerate and deliver 'safe' primary care in the pandemic, technology can now deliver access when it's needed most. On-duty doctors and nurses can connect to senior clinical decision makers, to provide the supervision and clinician

input to manage patient care that they would provide to the team as if they were physically there with them.

Telemedicine as a complement to local clinical resources can also reduce the sometimes-unrelenting demands on rural GPs, who for many years have sustained the delivery and coordination of health care in their communities. The expectation that the rural GPs are always there and always on call for their communities is an unsustainable one. This leads to feelings of isolation and burnout for many GPs, and sometimes results in them leaving the community for a more sustainable work life balance elsewhere, sometimes back in the city. In such cases, communities can be left with no medical coverage at all.

By enlisting specialist support through telemedicine for after-hours and weekend care, communities can help make these clinicians' jobs more attractive and sustainable.

Case study: How Maryborough District Health Service (MDHS) is helping ensure people living in their communities have access to care.

Located 2 hours north west of Melbourne, Maryborough District Health Service (MDHS) provides vital health services to a dispersed population of approximately 7,300 Australians residing in the Central Goldfields and Pyrenees Shire. Across this vast region, many people live in small and remote villages, like the town of Dunolly which has a population of around 700 people.

To help ensure people living in their communities have a high standard of care when they need it most, the Maryborough District Health Service ensures their clinicians have access to specialists via telemedicine. Initially funded through a pilot program run by Western Victoria Primary Health Network (WVPHN), clinicians working across their Urgent Care Centres (UCC) access specialist emergency physicians after-hours via a video-call based service when they need specialist input to diagnose and arrange treatment for patients. It is a secure service, ensuring continuous access to specialist care – and helps support community GPs deliver sustainable, crucial services whilst minimising their risk of burnout.

"The ability to access a specialist emergency physician is an enormous and positive step towards greater work-life balance for GPs in our community – giving them the comfort that they're not going to be called on 24/7," said Nickola Allan, Chief Executive Officer, Maryborough District Health Service.

"Our nursing staff in urgent care centres who are rostered overnight can now call on a specialist emergency physician who they are familiar with. To know that a specialist is available when they need support to deliver patient care is incredibly reassuring, not only for our nursing staff but for patients in our community who rely on us for care."

Preliminary data collected over a 9-month period (October 2019 and June 2020) saw the MDHS access specialist emergency physicians (via telemedicine provider My Emergency Doctor) to help manage 245 patients presenting to their facility in need of acute medical care. Care for these 245 patients was managed as follows;
– 8.1% (20 patients) were transferred to a higher level of care at another health service
– 13.5% (33 patients) were admitted to hospital for ongoing care and management
– 78.4% (192 patients) were discharged home after assessment and management

"We see specialist telemedicine as a vital service for Urgent Care Centres moving forward. It is a service that will be embedded as part of our everyday practice," added Ms Allan.

My Emergency Doctor currently continues to provide MDHS's 24-hour access to specialist emergency physicians.

WVPHN is working with the Faculty of Health, Deakin Health Economics on a report on patient utilisation of telehealth. The report will include detailed cost-utilisation analyses, and utilisation analyses, cost-benefit analysis, and qualitative research on staff and stakeholder perspectives from the nine UCCs who have participated in the pilot. The final report is expected to be released in 2021.

Recommendation:

- The Inquiry consider promoting innovative strategies, like those adopted by WVPHN UCCs to support clinicians deliver after hours care and "fill" positions.

If COVID has taught us anything, it is that thinking differently is a necessity to solve perennial problems. It has also shown us that Australia can think differently and we can deploy the necessary actions quickly.

We believe this Inquiry will provide a foundation to further understand and address the current issues in healthcare in rural, remote and regional areas and to monitor its evolution towards equitable care in the future.

It is possible to help address the current inequalities in access for Australians through critical technology-enabled health care services. We believe staffing challenges in rural Australian communities can be partly addressed through technology – technology that allows teams to connect across NSW and interact with staff and patients as if they were working on site, and ultimately deliver better outcomes to patients when they need it most.

We look forward to the outcomes of this Inquiry and how we can collaborate with NSW Health to deliver vital care to patients in rural, regional and remote NSW communities.

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About My Emergency Doctor

My Emergency Doctor is Australia's first telemedicine service exclusively staffed by Australian specialist emergency doctors – Fellows of the Australasian College for Emergency Medicine (FACEMs). Our vision is to transform emergency medicine in Australia by bringing the best possible emergency care to patients, wherever they are. Established in 2016, we are an on-demand telehealth service that connects senior specialist emergency doctors with health professionals and patients across Australia. My Emergency Doctor is available 24 hours a day, 7 days a week, 365 days of the year. For more information visit www.myemergencydr.com.au

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Reference:

1. Regional Economic Impact of Public Hospital Investment. Research and case study report. Prepared jointly by Regional Australia Institute and NSW Health Infrastructure. 2019. Accessed 12 January 2020. https://www.hinfra.health.nsw.gov.au/getattachment/The-broader-impact/Final-RAI-Report.pdf.aspx?lang=en-AU