National Rural Health Alliance E-forum – 31 August 2001

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From: Jane Mills <millsthecape@bigpond.com>
Subject: AARN email discussion list

The Association for Australian Rural Nurses would like to invite people with an interest in rural nursing issues to join our email discussion list. Just go to our website at http://www.aarn.asn.au/ and click on the button which says "Join the AARN Discussion List". We look forward to hearing from some new voices soon.

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NRHA SEMINAR: DEVELOPMENT OR DECAY – A FUTURE FOR REGIONAL AUSTRALIA

The National Rural Health Alliance is holding a networking policy seminar for those Interested in rural, regional and remote affairs in Australia.

The Seminar will be held from 8.30am - 12.45pm on Tuesday, 18 September 2001 at The Hall, University House, ANU. The Program is as follows:
8.30am: Tea & coffee in Foyer of The Hall at University House
9.00am: Introduction and Welcome, Ms Megan McNicholl, President, Isolated Children's and Parents' Association
9.15am: Mr David Buckingham, Principal, Stratpol Consultants P/L, Former head of Business Council of Australia
9.45am: Ms Sema Varova, First Assistant Secretary, Regional Services, Development and

Local Government Division, Department of Transport and Regional Services
10.15am: Questions
10.30am: Morning Tea
11.15am: Chris Dodds, Executive Member, Australian Council of Social Service
11.45am: Dr Nigel Stewart, Chair, National Rural Health Alliance, Paediatrician, Northern Regional Paediatric Unit, Port Augusta, South Australia
12.15am: Questions followed by Open Forum and Networking
12.45pm: Close

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"STRONGER REGIONS, A STRONGER AUSTRALIA"

A number of regional initiatives were announced by Deputy Prime Minister John Anderson in his speech to the National Press Club on 29 August 2001. These included:

* A Sustainable Regions Program, which will help community leaders develop local solutions to the challenges of major economic, social or environmental change. It will provide them with a toolbox of research, planning and development tools.
* A reduction in charges for agricultural exporters.
* A Regional Business Development Analysis to identify impediments to growth and the effectiveness of current Federal Government assistance policies for regional businesses.
* Enhancements to National Competition Policy; and
* An Access to Government Information Program.

The cost of the package is $115 million over four years, plus an additional $30 million per year for the reduction in charges for agricultural exporters. The full text of Mr Anderson's speech is available at http://www.dotrs.gov.au/media/anders/speeches/2001/as11_2001.htm

The Opposition described the statement as "an admission of the Government's failure in regional Australia." The Opposition statement is available at http://www.alp.org.au/media/0801/mfsmmsja290801.html

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GOVERNMENT TO REVIEW IMPACT OF TRADE PRACTICES ACT ON DOCTORS IN RURAL AND REGIONAL AUSTRALIA

On 29 August, the Prime Minister announced a review of the impact of Part IV of the Trade Practices Act 1974 (TPA) on the recruitment and retention of medical practitioners in rural and regional Australia.

The Review responds to concerns of the Australian Medical Association (AMA) and Rural Doctors Association of Australia (RDAA). that the application of Part IV of the TPA (Anti-

Competitive Practices) is reducing the capacity of rural communities to recruit and retain medical practitioners. The Review Committee will comprise Warwick Wilkinson AM (Chairman), Dianna Gibbs and Dr John Aloizos.

The Prime Minister's statement is available at
http://www.pm.gov.au/news/media_releases/2001/media_release1193.htm

ALP health spokesperson, Ms Jenny Macklin, said that the inquiry is "another way for the Government to simply appear to be doing something about an area it has neglected.

"Labor supports the broad principle that application of competition policy should be subject to a public interest test to ensure that there are sensible outcomes. Labor has already announced its National Competition Policy," Ms Macklin said.

"Allowing GPs to agree on after hours rosters or obstetricians to work in groups are examples of where this could apply. However, Labor will oppose any price agreements between doctors that result in a reduction in bulk billing," Ms Macklin said.

Ms Macklin's statement is available at
http://www.alp.org.au/media/0801/jmmsinq290801.html

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IMPROVEMENTS IN INDIGENOUS HEALTH EXPENDITURE

There have been improvements in expenditures on health services for Aboriginal and Torres Strait Islander people by all levels of government, according to a report by the Australian Institute of Health and Welfare and the Commonwealth Department of Health and Aged Care.

Expenditure on health services for Indigenous Australians from government and private sources rose by at least 15% per person between 1995-96 and 1998-99. This compares with the 10% per person increase in non-Indigenous health spending over the same period.

"Expenditures on Health Services for Aboriginal and Torres Strait Islander People, 1998-99" shows that per person health spending on Indigenous people in that year was $3,065 compared with $2,518 for non-Indigenous people, a ratio of 1.22 to 1.

AIHW health economist and report co-author John Goss said that the figure for Indigenous health spending was not much higher, especially given the comparatively poor health of Indigenous people.

'Indigenous mortality rates are three times that of the general community-Indigenous people die on average 20 years younger than the average for all Australians.

'Public expenditure on health services for Aboriginal and Torres Strait Islander people was similar to that for non-Indigenous people in low-income groups. The health of low-income groups is relatively poor but Indigenous people have the lowest incomes and the worst health. The median weekly income of Indigenous men, at $189, is less than half of the figure for non-Indigenous men.'

'One must also factor in the higher cost of providing services in remote and very remote areas, where 27.5% of Aboriginal and Torres Strait Islander people live, compared with 2.6% of the total population.

The report shows that Indigenous people are low users of mainstream health programs such as Medicare and the Pharmaceutical Benefits Scheme. Specific Indigenous programs offset this to some extent. Indigenous people are high users of State government programs such as public hospitals and community health services.

The Institute's media statement is available at http://www.aihw.gov.au/inet/media/2001/mr010823.html and the publication is available at http://www.aihw.gov.au/inet/publications/ihw/ehsatsip98-99/index.html

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MIDDLE EAR INFECTION IN ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

A National Seminar in Sydney brought together key medical and audiological experts from around Australia to launch a Federal Government initiative to improve the treatment of middle ear infection in Aboriginal and Torres Strait Islander populations.

Federal Health Minister, Dr Michael Wooldridge, said that "Aboriginal and Torres Strait Islander Australians have the highest rates of severe and persistent middle ear infection (otitis media) in Australia."

"The Seminar will focus on a comprehensive information package on the treatment of middle ear disease recently released by the Commonwealth Office for Aboriginal and Torres Strait Islander Health (OATSIH).

"The Package contains The Recommendations for Clinical Care Guidelines for the Management of Otitis Media in Aboriginal and Torres Strait Islander Populations produced by the Commonwealth Department of Health and Aged Care. The Recommendations were prepared by the Menzies School of Health Research, Northern Territory, and are based on a systematic review of the international medical literature by the National Aboriginal Community Controlled Health Organisation (NACCHO)."

Dr Wooldridge said the set of materials is a big step forward in dealing with a health issue that continues to plague too many Indigenous communities.

"Middle ear infection is particularly common in children. It is a nasty infection that causes pain in the ear and feverishness. There is often a decrease in hearing at the time of the infection. In the absence of effective clinical management at this stage, infection can become recurrent and result in permanent hearing loss. This can have serious long-term consequences.

"School-based learning is dependent on listening and observing and children who have difficulty hearing, have difficulty learning to read and write. This can adversely affect the rest of their life," Dr Wooldridge said.

Dr Wooldridge's media statement is available at http://www.health.gov.au/mediarel/yr2001/mw/mw01076.htm. All of the publications can be ordered through the Commonwealth Office for Aboriginal and Torres Strait Islander Health (OATSIH) on 02 6289 5280 or visit the website on www.health.gov.au/oatsih/pubs/index.htm

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AMA BACKS PRIVE E-HEALTH PLAN
(Extract from "The Australian", 28 August 2001, available at http://australianit.news.com.au/common/storyPage/0,3811,2699840%5E442,00.htm)

PERSONAL e-health records could be available within three months thanks to a commercial venture backed by the Australian Medical Association, which may knock out the Federal Government's plan.

The West Australian branch of the AMA is partnering with software developer Optum Group to commercialise an e-health package that allows GPs to make referrals, send prescriptions and order pathology tests online. The package will be available to WA doctors next month.

Optum executive chairman Albert Ho said the product allowed the creation of individual e-health records, which would be owned by patients and managed in a secure environment, with the AMA acting as custodian.

"It is our vision to have records accessible to a doctor anywhere via the web, with patients having ownership and controlling access," Dr Ho said. An e-health record would cost patients around $30 a year to maintain.

"Doctors and patients have a lot of concerns about the proposed Federal Government e-health records," Dr Ho said. "Ultimately, it is better for the patient to be responsible for their own record. If they own it they will make an effort to update it and can decide who has access to it."

The WA roll-out is seen as a trial for a national roll-out, with the AMA bringing its name and standards to the table. It will nominate two directors to the Optum board.

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POCKET-SIZED PHYSICIANS
(Extract from "The Australian", 28 August 2001, available at http://australianit.news.com.au/common/storyPage/0,3811,2684687%5E501,00.htm)

HEALTHCARE'S killer app is a PalmPilot-sized device with a wireless headset that puts voice and data capabilities together at the point of care.

"Portable, hands-free continuous speech recognition with intuitive handwriting and stroke recognition for editing will provide a path of least resistance for doctors and nurses," Gartner analyst Michael Davis says.

"The device will be ever-present, because it also will be a general-purpose digital wireless

phone/pager, PDA and internet microbrowser. Using a system such as Bluetooth, the device will contain the user's digital certificates, private keys and biometric reference data burned in during initialisation. There will be a built-in fingerprint scanner and sufficient on-board processing power to perform cryptographic functions," Davis says.

"It will be at least five years before we see clinicians and nurses using speech recognition and hand-printing recognition as their preferred methods of entering text data," he says. Obstacles include the size, weight and durability of devices, battery life and user interface/acceptance issues.

"Healthcare organisations must define wireless projects that support business needs to reduce costs and improve patient satisfaction and service quality," Davis says. "By 2005, the business risks of not adopting wireless will overtake the technology risks."

But using PDAs and smart devices to copy and store large amounts of sensitive information from more trusted systems poses security risks. "Bluetooth is currently inadequate for serious, security-sensitive work," Davis says. Fixing security concerns demands investment in device resources, which reduces vendor margins.

"Nevertheless, organisations must require strong security measures, including encryption, to protect against eavesdropping, updated protocols to protect against unexpected modifications, denial-of-service measures to deflect attacks, and formal authentication to determine who will be allowed to exchange information," he says.

Sarah Warner, information services manager of the Collaborative Health Informatics Centre, says research supports the view that wireless will be the killer app for health. "The main driver is the ability to collect detailed and accurate information at the point of care," she says.

But bandwidth is the most important technology issue facing local health providers. "Bandwidth is a concern for about half of our public health organisations, primarily related to the delivery of health services to rural areas," Warner says. A CHIC survey earlier this year shows more than 80 per cent of rural hospitals and health services have inadequate bandwidth, and budget constraints make it difficult to build a business case for improving networks.

"Most health organisations, large and small, are considering or implementing electronic patient-record management systems," she says. "But with multiple data sources that may be associated with a patient – such as radiology, pathology and theatre – it's increasingly recognised that enterprise-wide systems integration tools are also needed."

Finding and keeping skilled IT staff is another key issue for the health sector, with low pay rates limiting the industry's appeal, CHIC chief executive Anne McGill says.

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FIRMS PUSH PRIVACY DELAY

(Extract from "The Australian", 28 August 2001, available at http://australianit.news.com.au/common/storyPage/0,3811,2699839%5E442,00.htm)

BIG business is flexing political muscle to delay private sector privacy laws due to take

effect on December 21.

Australian Retailers Association (ARA) president Hans Mueller urged Mr Howard to delay the legislation for a year.

Under the new law, consumers will have access to personal information held by businesses, the right to correct errors, and the right to insist on removal from direct-mail lists.

Mr Howard said he was concerned by the strength of feeling expressed by retailers about the laws, and promised to raise the matter with the Attorney-General.

But Electronic Frontiers Australia executive director Irene Graham said Federal Privacy Commissioner Malcolm Crompton was under pressure to water down consumer protections. Powerful business groups had inundated the commissioner with submissions about the guidelines for implementing the National Privacy Principles, issued in May, she said.

"Business screamed blue murder over the cost of gaining consumer consent to collect and use data," Ms Graham said. "But consumer groups are keen to see that there isn't any rollback of privacy protections."

A spokesperson for Mr Williams said there were no plans to delay applying the new law.

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DOCTORS GIVING SECOND OPINIONS ONLINE
(Reprinted from ZDNet Asia News Update - Monday, 20 Aug 2001, http://www.zdnetasia.com/news)

Specialists from leading medical centres are charging patients as much as US$600 per case for second opinions over the Internet. Full story available at http://cgi.zdnet.com/slink?129420

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NATIONAL UNDERGRADUATE RURAL HEALTH CONFERENCE

The National Undergraduate Rural Health Conference is the annual conference of the National Rural Health Network (NRHN), the peak organisation representing the interests of undergraduate students in all health disciplines. It is concerned with rural health issues and education in rural, remote and Aboriginal Torres Strait Islander health at undergraduate and postgraduate level. NRHN is a member of the National Rural Health Alliance. The 2000 Conference was convened by TROHPIQ, Queensland's Rural Health Organisation for students. The location for the 2000 Conference was the University of Southern Queensland, Toowoomba, Qld and was held between 9 - 13 September 2000. The Conference was attended by approximately 200 student and 40 academic and profession delegates.

The conference theme "Bringing it all Together" represented the need to draw together the diverse aspects of rural health care and to act on them through taking stock, looking ahead, and moving forward. Through the hard work of the delegates and the quality of the

presentations of the speakers at the conference, some of the objectives are currently well progressed.

All of the Conference Proceedings can be found at http://www.nrhn.org/reports/5th-NURHC which contains all available presentations plus summaries of discussions and supporting papers.

NURHC 2001
6th National Undergraduate Rural Health Conference
22 – 26 September 2001
Tasman Peninsula, Tasmania

Website: http://www.ruralhealth.utas.edu.au/nurhc-2001

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CONTRIBUTION AND SUBSCRIPTION INFORMATION AND DISCLAIMER

The NRHA e-forum is a forum for the expression of YOUR views. Contributions are sought on any topic relevant to rural health concerns. Please send contributions to the moderator, Jim Groves, at grovesc@winshop.com.au.

The NRHA e-forum is edited by a third party moderator, Jim Groves. As such, the Alliance does not control postings and the contents do not necessarily reflect the opinions of the Alliance. Nor do postings necessarily reflect the view of Jim Groves or any organisation he is associated with. Jim Groves can be contacted at grovesc@winshop.com.au.

The e-forum is sent to a mailing list of the Alliance and those have indicated interest through the subscription box at the NRHA Web site (http://www.ruralhealth.org.au). This issue is going to 1,173 recipients. Please forward a copy to any colleague you think may be interested.

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