

National Rural Health Alliance E-forum – 21 November 2003

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“MEDICAREPLUS: A PLUS OVERALL BUT NOT VERY ‘RURAL’

Sue McAlpin, Chairperson of the Alliance, has welcomed the Government's revised Medicare package as a larger and much better investment in the future of medical services, but one that offers little for bulk-billing in rural areas and nothing for primary health care in remote areas. The Alliance statement is available at <http://www.ruralhealth.org.au> and is reprinted below.

Information on the MedicarePlus package is at <http://www.health.gov.au/medicareplus/index.htm>. The Prime Minister’s comments are available at http://www.pm.gov.au/news/media_Releases/media_Release574.html. Deputy Prime Minister John Anderson’s comments, focussing on the workforce elements of the package, are available at http://www.ministers.dotars.gov.au/ja/releases/2003/november/a145_2003.htm. The AMA described the package as “a positive second best option” – the AMA statement is available at <http://www.ama.com.au/web.nsf/doc/WEEN-5TE8CG>. Reaction by the Federal Opposition is available at http://www.alp.org.au/media/search.html?task=latest_news (search under “health”).

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The National SARRAH Conference, “Walking together, side by side” - A Conference for Rural and Remote Allied Health Professionals

26 – 28 August 2004

Alice Springs Convention Centre

Call for papers now open – <http://www.sarrah.org.au> (under “Conferences”)

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PARTYline Issue No.16 - OUT NOW. PARTYline is the official newsletter of the National Rural Health Alliance. Keep up to date with rural health policy information and good news stories on living and working in the rural health community. Available online on <http://www.ruralhealth.org.au> or receive a hard copy by emailing michele@ruralhealth.org.au

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REPORT FOR COAG ON INDIGENOUS DISADVANTAGE

A new Report “Overcoming Indigenous Disadvantage: Key Indicators” provides indicators of Indigenous disadvantage that are of relevance to all governments and Indigenous stakeholders, and that can demonstrate the impact of program and policy interventions.

The Chairman of the inter-governmental Steering Committee responsible for the Report, Gary Banks, said “This Report confirms the pervasive disadvantage experienced by Indigenous people. But it also reveals some areas of improvement. More importantly, it will provide an ongoing basis for assessing the future progress that governments are striving for.”

The report is a product of the Review of Government Service Provision which is overseen by a Steering Committee comprising senior officials from the Australian, State and Territory governments and supported by a secretariat drawn from the Productivity Commission. The report is available on the Review’s website at <http://www.pc.gov.au/gsp>.

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AIHW REPORT – MEDICAL LABOUR FORCE 2001

Australia’s medical workforce increased by just over 12% between 1996 and 2001, but because doctors are working fewer hours the overall doctor supply remained unchanged, according to the latest figures released by the Australian Institute of Health and Welfare (AIHW). The fall in hours worked applied across all regions. Doctors in remote areas, however, continued to work longer hours on average than those in other areas-about 48 to 53 hours per week.

Head of the AIHW’s Labour Force and Rural Health Unit, Glenice Taylor, said that an encouraging sign for areas outside the capital cities was that between 1996 and 2001 there were small to moderate increases in FTE rates in inner regional, remote and very remote areas. The largest of these was in very remote regions where supply rose from 142 to 170 FTE practitioners per 100,000 population.

The AIHW statement is available at <http://www.aihw.gov.au/media/2003/mr031121.html> and the report at <http://www.aihw.gov.au/publications/index.cfm?type=detail&id=9529>

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BUSH CRISIS LINE - 1800 805 391

Bush Crisis Line is a twenty-four hour confidential telephone support and debriefing service for multi-disciplinary remote and rural health practitioners and their families. It is staffed by qualified psychologists with remote and cross-cultural experience, is toll free and available from anywhere in Australia. For more information http://www.crana.org.au/pandp_bcl.html

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VICTORIAN AMS CEO BECOMES NEW CHAIR OF NACCHO

Long-serving Chief Executive Officer of the Victorian Aboriginal Health Service, Mr Tony McCartney, has become the new Chairperson of the National Aboriginal Community Controlled Health Organisation. (NACCHO). Dr Naomi Mayers, Chief Executive Officer of the Aboriginal Medical Service in Redfern, Sydney, was re-elected as NACCHO's Deputy Chairperson. The NACCHO statement is available at <http://www.naccho.org.au/NewChairRelease.html>

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From: Don Perlgut <ceo@rhef.com.au>
Subject: More RHEF publicity - Chronic Heart Failure program on December 2nd

On Tuesday December 2nd, the Rural Health Education Foundation (RHEF) will broadcast a satellite television program on "Improving Outcomes for the Rural and Remote Patient with Chronic Heart Failure". The program will improve the knowledge and skills of clinicians in the diagnosis, treatment and management of CHF patients; increase understanding of CHF National Guidelines; and explain the potential importance of telephone support in the management of CHF patients. The program will feature:

For more program details, go to <http://www.rhef.com.au/programs/319/319.html>

For further information, please contact:
Rural Health Education Foundation
Unit 5/53 Dundas Court, Phillip ACT 2606 (PO Box 219, Mawson ACT 2607)
Tel (02) 6232-5480; Fax: (02) 6232-5484
email rhef@rhef.com.au
website <http://www.rhef.com.au>

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Interested in becoming a "friend" of the Alliance? Become more involved with the work of the Alliance by becoming a "friend". "friends" support the Alliance by being an integral part of the Alliance's policy and evaluation process. They also receive other benefits. For more information on membership see <http://www.ruralhealth.org.au>

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HEALTH CARE VOLUNTEERS A HIDDEN ASSET, SAYS NHMRC

Australia’s health care industry will benefit from a new manual, aimed at recognising and managing one of the country’s most important resources – volunteers. Releasing the manual, “Working with Volunteers and Managing Volunteer Programs in Health Care Settings”, the NHMRC’s Chief Executive Officer, Professor Alan Pettigrew, said Australian health care volunteers were one of the community’s most valuable hidden assets.

The manual, developed by the NHMRC and co-badged with Volunteering Australia, aims to provide a practical point of reference to assist in all steps of volunteer management, from recruiting volunteers through to the management process once a program has become operational.

The NHMRC statement is available at <http://www.health.gov.au/nhmrc/media/rel2003/volunt.htm> and the manual is available at <http://www.nhmrc.gov.au/publications/synopses/nh48.htm>

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The “Australian Journal of Rural Health” is a refereed journal with a national and international reputation for quality scholarship. Its focus is multi-disciplinary and it includes articles of interest to general practitioners, nurses, allied health professionals, pharmacists, health administrators, universities and rural health units. Reduced rates apply to members of some organisations. For more information see <http://www.blackwellpublishing.com/journals/ajr/>

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57,000 FARM INJURIES

According to the National Health Survey conducted by the Australian Bureau of Statistics, there were 57,000 injuries sustained on Australian farms during 2001. This represented 2.5% of all injuries sustained in that year. Among males, 3.4% of injures were sustained on farms, compared with 1.6% for females. The Main Features of this publication are available at <http://www.abs.gov.au>

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Extract from ABC Health-Updates
(Health-Updates is a weekly alert about recent ABC health coverage now available online.
Information on how to subscribe can be found at <http://www.abc.net.au/health/maillinglist.htm>)

EYE SURGEONS HELPING REDUCE BLINDNESS IN OUTBACK NSW (7.30 Report: 20/11/2003) <http://www.abc.net.au/7.30/content/2003/s993131.htm>

RURAL DOCTORS WELCOME MEDICARE CHANGES (PM: 19/11/2003) <http://www.abc.net.au/pm/content/2003/s992898.htm>

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e-HEALTH PROJECT TAKES OFF

(Extract from "Australian IT", November 19, 2003, available at http://www.news.com.au/common/story_page/0,4057,7914516%255E15317,00.html)

US defence systems integrator Boeing is partnering with Australian healthcare providers to develop and commercialise an innovative "health value chain management" approach to the network and interoperability problems delaying widespread adoption of e-health programs. Boeing has put up \$5.6 million to fund the work in conjunction with the Australian Network of Healthcare Providers (ANHP), which plans to have a pilot running at the Uniting Health Care Group's St Andrews War Memorial Hospital in Brisbane by the middle of next year.

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CONTRIBUTION AND SUBSCRIPTION INFORMATION AND DISCLAIMER

The NRHA e-forum is edited by a third party moderator, Jim Groves. Contributions are sought on any topic relevant to rural health concerns. Please send contributions to the moderator at grovesc@winshop.com.au or use the eforum contribution box at the NRHA website, <http://www.ruralhealth.org.au>

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.

This issue is going to 2,321 email addresses. Please forward a copy to any colleague you think may be interested.

To subscribe or unsubscribe, use the "sign up" box at <http://www.ruralhealth.org.au>. The archive of the newsletter is available at <http://www.ruralhealth.org.au> under "Publications & News".

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Full Text of NRHA statement "MedicarePlus: a plus overall but not very 'rural'"

Sue McAlpin, Chairperson of the Alliance, has welcomed the Government's revised Medicare package as a larger and much better investment in the future of medical services, but one that offers little for bulk-billing in rural areas and nothing for primary health care in remote areas.

The largest part of the package (over one billion of \$2.4 billion) is directed at medical workforce initiatives. The Alliance welcomes this portion, including the extended Practice Nurse proposals and the extra support for GP training places and GP supervisors. Happy and supported rural placements will increase the likelihood of rural practice - and that support is required for both trainees and supervisors. "The same sort of assistance is needed by nurses and allied health students on rural placement - and for the same reasons," Ms McAlpin said.

The Alliance is glad to see recognition of the valuable role of procedural GPs (who include those who do obstetrics, anaesthesia and surgery) because of their special importance in rural and regional areas. Proceduralists will be provided with financial support for their training.

Ms McAlpin also welcomed the significant changes relating to Overseas Trained Doctors (OTDs) contained in the MedicarePlus package. "OTDs are particularly important for rural areas but we need to be certain we do not poach doctors from developing countries. Even though we are still short of doctors ourselves, Australia ought to aim towards making a nett contribution to less developed countries. We can do this by freeing up the training of doctors and other health professionals and training greater numbers overall," Ms McAlpin said.

Under the proposed new arrangements, Temporary Resident Doctors will be permitted to stay for four years instead of only two. Immigration rules will be changed so that it becomes easier for doctors from overseas to succeed with immigration application. The system for integrating OTDs already here into medical work in Australia will be streamlined - currently only a proportion of those eligible are dealt with by the system each year.

"The \$5.00 incentive to bulk-bill is sensibly targeted at children and concession card holders, but this represents a serious move away from universality that will disadvantage other need groups and create poverty traps. The incentive will deliver most benefit in metropolitan areas because of their higher numbers of doctors and their higher existing rates of bulk-billing."

The Government has estimated that the 'average doctor with average charging policies' will be about \$15,500 a year better off with the \$5.00 incentive. Our estimate is that the average rural doctor with the average rural charging policies might expect about \$5,000 a year. But because rates of bulk-billing in the country are as low as 40-50 per cent and average out-of-pocket costs are above the \$5.00 incentive on offer, this \$5,000 will be eroded by any additional services they bulk bill. So it remains to be seen just what impact the incentive has on bulk-billing rates in country areas.