Eforum Newsletter: NRHA eforum 31 March 2006

National Rural Health Alliance E-forum – 31 March 2006
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NSW CHANGES TO IPTAAS ARE WELCOME, BUT WHERE IS THE NATIONAL CONSISTENCY?

Recent events and publicity in NSW have led to sensible and compassionate changes to the Isolated Patients' Travel and Accommodation Assistance Scheme. However, rather than waiting for the next bad news story to hit the headlines in some other State or Territory, there should be a national review as the basis for changes in all jurisdictions to provide greater uniformity for all patients' travel and accommodation schemes. The full text of the Alliance statement is at http://www.ruralhealth.org.au/nrhapublic/Index.cfm?Category=LatestNews and is reprinted below.

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NRHA SUBMISSION TO THE AUSTRALIAN GOVERNMENT'S OVERVIEW OF HOW AUSTRALIA'S TAX SYSTEM COMPARES INTERNATIONALLY

In common with other organisations concerned with ensuring the viability of communities and businesses in rural and remote areas, the NRHA believes that the current taxation zone rebates system is out of date and should be reviewed1. The taxation zone rebates recognise the disadvantages faced by taxpayers living in the remote taxation zone A and the less remote taxation zone B due to climate, isolation and the higher costs of living. It was last reviewed in 1993-94.

The geographic application, structure and level of the rebates are thoroughly out of date. They should be modernised in the light of the government's intention to reduce the burden on taxpayers. If the beneficiaries of reform are to be those who are currently most heavily taxed, people in remote areas must be near the top of the list: but for the zone rebates, they pay the same rates of tax but have access to far fewer tax-funded services and facilities.

The NRHA believes the tax zone rebates should be revised by:
* replacing the current Tax Zones A and B with zones based on the remote and very remote zones of the ASGC;
* restructuring the rebates to reflect the existence of large, modern cities and towns with good levels of resources and services in northern and central Australia and modern work practices such as fly-in, fly-out staffing; and
* lifting the value of the rebate to adequately reflect the current additional costs of accessing goods and services in remote and very remote Australia, and providing an incentive to individuals and businesses to settle in more remote areas. By targeting the rebates more closely the net cost of increasing the rates to incentive levels would be small.

The full text of the Alliance Submission is at http://www.ruralhealth.org.au/nrhapublic/Index.cfm?Category=LatestNews

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From: Don Perlgut
Subject: "Psychiatric Emergencies" - Rural Health Education Foundation satellite broadcast - Tuesday 11th April 2006

I am pleased to forward to you information (below) about the Rural Health Education Foundation's upcoming live satellite broadcast on psychiatric emergencies. Note that after the program has been broadcast it will be available on DVD and video (for purchase) from the Foundation. It will also be available for web-streaming or "pod-casting" (audio download) from the Foundation's website www.rhef.com.au

Psychiatric Emergencies
Rural Health Education Foundation
LIVE Satellite Television Broadcast
Tuesday 11th April 2006 8pm EST
(repeated Thursday 13th April 12:30 EST)

Program Information
Satellite Site Locations

Accredited by RACGP, ACRRM, PSA, RCNA, APA

Psychiatric Emergencies
A patient presenting with behaviour that puts them at risk or potentially puts others at risk poses particular challenges for all practitioners - diagnosis may be unknown or provisional at best, and behaviour may range from mild to threatening and assault.
Rural and remote patients, their carers and health professionals face added challenges of isolation, a lack of skilled mental health professionals and the prospect of transfer away from personal support networks to access relevant care.
This program will focus on Australian youth, the onset of disorders such as bipolar disease and schizophrenia, the incidence of substance misuse as a co-morbidity factor, and appropriate management strategies for rural and remote patients, carers and health professionals involved in the management of a mental health emergency.

Program objectives
At the end of this program viewers will be able to:
* Increase knowledge of the onset of bipolar disease and schizophrenia.
* Identify appropriate management for a patient presenting with a behavioural emergency.
* Understand mental health triage systems and help-line supports that may assist in implementing appropriate care.
* Identify relevant pharmacological intervention for the emergency psychiatric presentation.
* Develop an action plan for patients and carers, including boundary setting.
* Understand the particular needs for Aboriginal and Torres Strait Islander people experiencing a mental health crisis.

Panellists
Chair: Dr Norman Swan, Presenter of the Health Report on ABC Radio National.
Prof Ian Hickie, Psychiatrist, The Brain Mind Institute, Sydney, & Advisor to beyondblue-the national depression initiative.
Prof Ernest Hunter, Department of Social and Preventive Medicine, University of Queensland, Cairns.
Dr John Raftos, Senior Specialist - Emergency Medicine, St Vincent's and Sutherland Hospitals, NSW.
Jane Turner, Consumer, NSW.
TBA, Rural General Practitioner.

Broadcast details on the Foundation's satellite network
LIVE Channel 4
Tuesday 11th April 2006 at:
- 6.00pm in WA
(repeated in WA at 8pm on Channel 23).
- 7.30pm in SA & NT
- 8.00pm in ACT, NSW, QLD, TAS & VIC.
Repeat Channel 23
Thursday 13th April 2006 at:
- 10.30am in WA.
- 12 noon in SA & NT.
- 12.30pm in ACT, NSW, QLD, VIC & TAS.

For more details visit the http://www.rhef.com.au/programs/605/605.html program page.

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RURAL, REGIONAL AND REMOTE HEALTH: MORTALITY TRENDS 1992-2003

This report by the Australian Institute for Health and Welfare (AIHW) describes changes in death rates, for a number of causes, in Major Cities, Inner Regional, Outer Regional, Remote and Very Remote areas, between 1992 and 2003.

Overall, death rates for males and females in Major Cities declined by 4 points p.a. for males and 3 points p.a. for females. The rate of decline in regional and Remote areas was similar (although slightly lower for males in Inner Regional areas). The rate of decline in Very Remote areas (5 points p.a.) was greater than that in Major Cities.

Both the pace and the direction of change in death rates differed between causes. There are several causes of death identified as being the main contributors to higher death rates in regional and remote areas (AIHW 2003).

The most numerically important four of these causes (in terms of raising regional and remote death rates) are coronary heart disease, ‘other’ circulatory diseases, chronic obstructive pulmonary disease and motor vehicle traffic accidents. For both sexes, there has been a decrease over time in the rate of death due to these causes (although for women, there has been essentially no change in chronic obstructive pulmonary disease death rates over the period).

For diabetes and suicide, there have not been consistent or substantial decreases, and in a number of areas, there have been increases in the rate of death from these causes. For the other causes (‘other’ injuries, and for lung, colorectal and prostate cancers), there have also been decreases in death rates over time. However, for women there was little change in the rate of death from ‘other injuries’ and there was an increase in the rate of lung cancer death.

Coronary heart disease: the decline was similar for males in all areas (8 points p.a.), except for Very Remote areas (13 points p.a.), where the decline was significantly faster. For females, the declines were about 7 points p.a. in all areas.

Other circulatory diseases: the declines in most areas were not significantly different from those in Major Cities (6 and 5 points p.a., respectively, for males and females). The rate of decline for females in regional areas was slightly lower (4 points p.a.).

Chronic Obstructive Pulmonary Disease (COPD): rates of decline were about 6 points p.a. for males in all areas. Rates for females in Major Cities declined by about 1 point p.a. The declines for females in regional and remote areas were not significantly different from zero.

Motor Vehicle Traffic Accidents (MVTA): rates of decline for males and females in Major Cities were about 3 and 8 points p.a., respectively. Rates of decline in regional and remote areas were not significantly different from those in Major Cities.

Diabetes: for males in Major Cities there was little change in the rate of death from diabetes while for females in Major Cities there was a decline of about 2 points p.a. Rates in regional areas increased for males by about 1 point p.a. while rates for females declined by about 1 point p.a. In remote areas, changes were not significant.

Suicide: Suicide death rates for males and females in Major Cities declined, respectively, by a significant and non-significant 1 point p.a. In regional areas, death rates for males remained similar or decreased slightly, while for females from Inner Regional areas rates increased by about 2 points p.a. Rates in Remote areas for both males and females were non-significantly higher, and in Very Remote areas increased by a significant 10 points p.a. for males and a non-significant 7 points p.a. for females.

Other injuries: For males in Major Cities, death rates declined by about 2 points p.a. There were similar declines in Inner Regional and Very Remote areas, and faster declines in Outer Regional (5 points p.a.) and remote (8 points p.a.) areas. For females in all areas, there was no significant change in the death rate.

Colorectal cancer: For males and females in Major Cities, death rates declined by about 3 points and 2.5 points p.a., respectively. Declines in the other areas were not significantly different from these.

Prostate cancer: Death rates for males in Major Cities declined by about 3 points p.a. Declines were similar to these in the other areas.

Lung cancer: In Major Cities, death rates declined for males by about 3 points p.a. and increased for females by about 1 point p.a. In the other areas, rates for males declined at rates that were not significantly different from that in Major Cities. For females in regional areas, rates increased at about the same rate as, or at a slightly greater rate than, those in Major Cities, while in remote areas there was no significant change in the rate of death.

The full report is available at http://www.aihw.gov.au/publications/index.cfm/title/10276

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NATIONAL CONFERENCE ON "DIVERSITY IN AGEING" ANNOUNCED FOR SYDNEY

The Australian Association of Gerontology (AAG) has announced it will hold its 2006 National Conference in Sydney during November. To be held 22 – 24 November 2006 at the Wesley Centre the Conference will focus on the theme ‘Diversity in Ageing.’

The conference is the major annual activity of the Australian Association of Gerontology (AAG), which brings together professionals interested in promoting education and research into all aspects of ageing. The Association encourages cross disciplinary exchange of ideas amongst professionals including clinicians, therapists, social scientists, economists and demographers. The anticipated 350 delegates are expected to include medical practitioners, researchers, nurses, social workers, psychologists, social scientists, music therapists, economists, demographers, geographers and consumers interested in the field of ageing research, education, service provision and policy.

Further information on the Conference is available on http://www.aag.asn.au/conference2006.htm or by contacting the Conference Managers on 1300 368 783 or email aag@eastcoastconferences.com.au

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MEDICARE REBATES FOR NT ABORIGINAL HEALTH WORKER SERVICES

The Australian Government will introduce a new Medicare rebate in the Northern Territory for immunisation and wound-management services provided by registered Aboriginal Health Workers on behalf of a GP. This recognises the important role that Aboriginal Health Workers play in the direct provision of clinical care in the Northern Territory. It will help to expand the delivery of primary health care to Aboriginal and Torres Strait Islander people.

Two new items, developed in co-operation with the Northern Territory Government, will be added to the Medicare Benefits Schedule from 1 May 2006. The items will attract a 100 per cent Medicare rebate of $10.40. GPs will also be able to claim a bulk-billing incentive payment if the service is provided to a Commonwealth concession cardholder or child under 16 years of age.

It is estimated that the initiative will cost around $4.3 million over the next five years. The Government will examine the feasibility of expanding the Medicare items to other states and services in the future.

The full text of the statement by Health Minister Tony Abbott is at
http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2006-ta-abb039.htm

The Rural Doctors Association has welcomed the rebate, but has urged that the rebate be expanded to include Aboriginal Health Workers in other states. The RDAA statement is at
http://www.rdaa.com.au/uploaded_documents/Rebate%20a%20step%20forward%20for%20Indigenous%20health%20--%20March%202006.htm

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From: Mary Lenihan
Subject: Rural Health Conference-'Going for Gold', Ballarat 19-21 April 2006

The second rural and regional health conference 'Rural Health - Going for Gold' will be held in Ballarat 19-21 April. The Rural and Regional Health Services Branch (DHS) is currently inviting keynote speakers (Victorian, national and international) to present at the conference.

The workshops at the conference will address three key directions for rural health in Victoria:
* Promote the health and wellbeing of rural Victorians
* Foster a contemporary health system and models of care for rural Victoria
* Strengthen and sustain rural health services.

You can download the draft Rural Health Conference Program at http://www.health.vic.gov.au/ruralhealth/news/conf.htm

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From: Tan, Foong-Ee"
Subject: Manuscript submissions to The Australian Journal of Rural Health

Manuscript submissions to The Australian Journal of Rural Health can now be made online through Manuscript Central.
* Easy and fast submission process
* Track the progress of your article at any time
* Safe and secure site

Simply log on to http://mc.manuscriptcentral.com/ajrh to submit your manuscript today and share the wealth of your knowledge. Full author instructions and guidelines can be found at the AJRH homepage - http://www.blackwellpublishing.com/ajr

The April 2006 issue of the journal is available online now at http://www.blackwell-synergy.com/links/toc/ajr. Articles include:
National health policy: What does this mean for rural mental health research?
Factors influencing rural health care professionals' access to continuing professional education
Caregivers' inability to identify childhood adiposity: A cross-sectional survey of rural children and their caregivers' attitudes
Exploration of self-identified education needs of alcohol and other drug workers
Tobacco smoking habits among a cross-section of rural physicians in China
Utilisation and clinical efficacy of echocardiography in a regional hospital
Mental health referral role of rural financial counsellors
Alcohol problems and psychological health in a remote Indigenous Australian community: A preliminary quantitative study
Australian medical students' intentions in relation to practice location: Their short- and long-term time frame
Strength in difference
AARN and CRANA: Peak rural and remote nursing bodies welcome Medicare item for maternity care.
ACRRM supports next crop of rural proceduralists.

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The National SARRAH Conference
Building bridges ….. Crossing borders
A Conference for Rural and Remote Allied Health Professionals
13 – 16 September 2006
Albury Convention Centre, ALBURY, NSW
http://www.sarrah.org.au under Conferences

The 2006 National SARRAH Conference
c/- National Rural Health Alliance
PO Box 280
DEAKIN WEST ACT 2600
Phone: 02 6285 4660
Fax: 02 6285 4670
Email: conference@ruralhealth.org.au or register@ruralhealth.org.au
Website: http://www.sarrah.org.au

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INDIGENOUS HEALTH SCHOLARSHIPS ANNOUNCED

The number of Indigenous Australians working in the health system will soon increase with an additional 74 Aboriginal and Torres Strait Islander students being awarded Puggy Hunter Memorial Scholarships to support health studies this year. Named after Dr Arnold ‘Puggy’ Hunter in recognition of his commitment and dedication to improving the health of Aboriginal and Torres Strait Islander people in Australia, the scholarships began in 2002.

They provide up to $15,000 per year for the duration of the course, helping Aboriginal and Torres Strait Islander people study in health fields such as medicine, nursing and allied health professionals.

The details of awardees can be found at http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2006-ta-phwinners.htm and the full text of Health Minister Tony Abbott's announcement is at http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2006-ta-abb035.htm

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NATIONAL HEALTH PROMOTION CONFERENCE 2006

The Australian Health Promotion Association are organising a national health promotion conference in Alice Springs 23 - 26 April 2006. Further information about this interesting event is available on http://www.healthpromotion.org.au or www.nt.gov.au/he and choose 'Health Promotion' from the list of topics and services. Alternatively you could email ahpa@confco.com.au

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NEW ARTICLES IN "RURAL AND REMOTE HEALTH"

Establishment of and first 20 months of operating an outreach geriatric clinic in a regional centre
How often do we find that communication and collaboration are the keys to effective links between rural and urban health services? Here is more evidence in the context of aged care services in rural Australia.
http://rrh.deakin.edu.au/articles/showarticlenew.asp?ArticleID=444

Developing a musculo-skeletal screening survey for Indigenous Australians living in rural communities
Indigenous Australians in rural communities experience high levels of musculoskeletal conditions, often assessed and managed by Aboriginal health workers. Would the screening survey described here be useful in your own community?
http://rrh.deakin.edu.au/articles/showarticlenew.asp?ArticleID=321

Use of an 'evidence-based implementation' strategy to implement evidence-based care of asthma into rural district hospital emergency departments
RRH aims to increase the evidence base for rural and remote health. This article provides a great example of how to use evidence to make a difference to health outcomes in rural hospitals.
http://rrh.deakin.edu.au/articles/showarticlenew.asp?ArticleID=529

Cluster clinics for migrant Hispanic farmworkers with diabetes: perceptions, successes, and challenges
Diabetes is a chronic disease that requires multiple office visits with a multidisciplinary team to learn how to successfully manage and delay the progression of complications. Read about the successful use of "evening cluster clinics" to respond to the health-care and educational needs of Hispanic migrant farmworkers diagnosed with diabetes.
http://rrh.deakin.edu.au/articles/showarticlenew.asp?ArticleID=469

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7th WONCA RURAL HEALTH CONFERENCE

Transforming Rural Practice Through Education
8-15 September 2006
Seattle, WA, USA
http://www.ruralwonca2006.com

Wonca is the World Organisation of Family Doctors, which has a specific Working Party on Rural Practice. This Working Party holds an annual conference on rural health and has produced a number of policy documents regarding rural health (for more information about Wonca, go to http://www.globalfamilydoctor.com).

WONCA Rural Conference
8-10 September 2006
University of Washington campus
Clinical Conference
11-13 September 2006
34th Annual Advances in Family Practice and Primary Care
University of Washington campus
Post Conference
13-15 September 2006
Talkeetna Alaskan Lodge - Anchorage, Alaska

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From: Alliedschol Scholarships
Subject: 2006 NSW Rural Allied Health Scholarship

Applications are now open for the 2006 NSW Rural Allied Health Scholarships and 2006 Semester 1 NSW Rural Allied Health Clinical Placement Grants.

The NSW Rural Allied Health Scholarships were created to provide financial assistance to allied health students with a rural background who demonstrate an interest in a rural career. Students must have resided in a rural or remote area in Australia for a minimum of three years since the age of five and whose immediate family currently resides in a rural or remote area of NSW. These Scholarships assist students to complete full time tertiary study in their chosen field and assist with expenses associated with undertaking clinical placements in rural areas.

Up to 40 NSW Rural Allied Health Scholarships of $5,750 each are available in 2006.

To provide opportunities to experience rural practice in NSW, grants of up to $650 are available to assist both rural and urban students with travel and accommodation costs for their rural clinical placements. Grants of up to $1000 are available for clinical placements in Broken Hill.

Application Forms and Guidelines can be obtained by:
* Downloading from http://www.health.nsw.gov.au/policy/ssdb/rural/allied_health
* Emailing : alliedschol@doh.health.nsw.gov.au
* Calling 02 9391 9501

Applications must be received by NSW Health Department by Friday 7 April 2006

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From: Kremser, Thea
Subject: Breast cancer training workshop for Indigenous health workers

The National Breast Cancer Centre will be holding a training workshop for Indigenous Health Workers in Cairns on Friday 26 May 2006. The National Breast Cancer Centre undertakes numerous initiatives to improve care in breast and ovarian cancer, and we aim to encourage best practice, improve health worker skills and encourage equity of access to optimal care and information for Australian women with breast cancer.

The training workshop has been developed in consultation with Indigenous health workers from across Australia who work with other Indigenous health workers and with Indigenous women with breast cancer. The workshop aims to assist Indigenous health workers in improving their knowledge of breast cancer and how it affects women in their communities.

If there is any additional information I can give you, please do not hesitate to contact me directly on 02 9036 3068.

Thea Kremser
Project Officer
National Breast Cancer Centre
92 Parramatta Road Camperdown NSW 2050
Direct Telephone +61 2 9036 3068
Facsimile +61 2 9036 3077 www.nbcc.org.au

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From: Ann Larson
Subject: The Rural e-Health Forum, 18-19 May 2006, Geraldton WA

Will innovations in e-Health live up to their extraordinary promise? It has been touted as a mechanism to dissolve physical distance, bring the knowledge of the specialist into rural surgeries, remote health clinics and multipurpose services, and enable secure exchange of vital medical information. Robots in district hospitals, data vaults of important health information for transient populations, remote specialist consults through email and videoconferencing are all a reality. In many cases good care is reaching people who in the past had to do without.

But it is time to take stock. What works in rural and remote settings? What are the barriers to greater adoption? What technological advances are around the corner and what should we be doing now? What should be our priorities?

On 18 and 19 May there will be a Rural e-Health Forum in Geraldton. This is your chance to talk with clinicians who are using new technologies, with the inventors designing the next big thing, with the industry and with policy makers. The Forum is jointly organised by CUCRH, the Midwest Division of General Practice and the Centre of Excellence in e-Medicine.

See the forum website http://www.cucrh.uwa.edu.au/eHealth

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Join friends of the Alliance in 2006. By joining friends you will receive the updated CD 'Rural and Remote Health Papers 1991-2005', a 2006 friends certificate , regular issues of PARTYline newsletter, and be eligible for a discounted registration at the 9th National Rural Health Conference to be held in Albury in March 2007. Membership of friends would also give you the opportunity to be involved more closely with the Alliance's information dissemination and policy work. You will become part of a group of people who contribute to and support the work of the National Rural Health Alliance.

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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. The December edition (No. 24) of PARTYline is available online at http://www.ruralhealth.org.au/nrhapublic/Index.cfm?Category=PartyLine or receive a hard copy by emailing partyline@ruralhealth.org.au

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LIFELINE'S JUST ASK - 1 300 13 11 14

Your Rural Mental Health Information Service
Lifeline's Just ask is a rural mental health information service. Information provided includes: referral to services and web sites, printed material and a range of self help resources. The self-help resources focus on practical steps to help promote mental health in a range of areas. For information and copies of resources call or visit http://www.justask.org.au and further information is available at national@lifeline.org.au and http://www.lifeline.org.au

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Extract from Australian Doctor E-NEWS

GUIDELINES CRITICISED FOR URBAN BIAS (23-Mar-2006)
New national guidelines for managing low-grade cervical lesions could be inappropriate for women in rural Australia, a group of Queensland clinicians claim.
http://www.australiandoctor.com.au/articles/1A/0C03E21A.asp

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From: Melissa Crowle
Subject: Inaugural Conference on Disease Mongering 2006

INAUGURAL CONFERENCE ON DISEASE MONGERING 2006, 11 – 13 APRIL 2006
DAVID MADDISON BUILDING, ROYAL NEWCASTLE HOSPITAL, NEWCASTLE, NSW, AUSTRALIA
http://www.diseasemongering.org

The conference will be held at the David Maddison Building Royal Newcastle Hospital from 11 – 13 April 2006. It will bring together academics, researchers, health professionals, health managers, journalists, writers and consumers who share an interest and concern over the trend of corporate definitions of diseases with a primary interest in making profits rather than a concern for the public health.

For further information or to register for the conference, please visit http://www.diseasemongering.org

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EMERGENCY GRANT A CRITICAL TOOL IN DOCTOR'S BAG

A new upskilling grant to support GPs who practise emergency medicine in rural and remote areas has been welcomed by the Rural Doctors Association of Australia (RDAA), given the critical need for these advanced skills in country areas. The grant is available through the Australian Government's Training for Rural and Remote Procedural GPs Program and follows active lobbying by RDAA, the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP).

The grant will help cover the costs for GPs practising emergency medicine in rural and remote areas (RRMAs 4-7) to attend approved skills maintenance and upskilling activities. It will cover up to two days training, to a total maximum of $3000, per GP per financial year. Both procedural and non-procedural GPs are eligible for the grant.

A copy of the Program guidelines and application form can be found at http://www.medicareaustralia.gov.au/providers/incentives_allowances/medicare_initiatives/training_rural_remote_procedural_gp.htm and the full text of the RDAA statement is at http://www.rdaa.com.au/uploaded_documents/Emergency%20Grant%20a%20Critical%20Tool%20in%20Doctor's%20Bag%20--%20March%202006.htm

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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.bushcrisisline.org.au

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From: Michelle Magro
Subject: WHA & CHA CONFERENCE

The joint conference of Women's Hospitals Australasia and Children's Hospitals Australasia will be held at The Country Club Resort, in the delightful city of Launceston, Tasmania, 13-17 November this year.

This year's conference theme is TEAM and will explore how effective teams can significantly improve quality of care and service delivery. Given the increasing trend toward health service redesign, and a move away from hierarchical structures, the health care 'team' is probably the most important consideration in advancing healthcare over the next decade. As technology advances, skill mix needs change, workforce shortages increase the need for flexibility within the health workforce, and as consumer expectations increase they become a fundamental member of the healthcare team.

Monday 13 November: Clinical Forum 'CUBS' - (Care of Unwell Babies)
Tuesday 14 November: WHA Conference
Wednesday 15 November: Joint WHA & CHA Conference
Thursday 16 November: CHA Conference
Friday 17 November: Clinical Forum - Better Integration of Paediatric Acute & Community Care

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RURAL HEALTH ON THE WEB
(From GoogleAlert, http://www.googlealert.com/)

Office of Rural Health
The Wyoming Office of Rural Health (WORH)
http://wdh.state.wy.us/rural/index.asp

CRHSSD - Southern Illinois University Carbondale
The Center for Rural Health and Social Service Development (CRHSSD) at Southern Illinois University Carbondale (SIUC)
http://www.siuc.edu/~crhssd/

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From: Partridge, Michael
Subject: 2006 Health Outcomes Conference

HEALTH OUTCOMES 2006: MANAGING HEALTH AND DISEASE IN TODAY'S SOCIETY

12th Annual Health outcomes Conference
9 - 10 August 2006
Rydges Lakeside, Canberra, ACT
Call for Papers closes 10 March 2006
http://www.uow.edu.au/commerce/ahoc/upcomingconference.html
michael.partridge@act.gov.au

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FUNDING BENEFITS MONARO REGION MEDICAL STUDENTS

The Australian Government will provide almost $5 million in funding over the next two years for a new Rural Clinical School to be run by the Australian National University. The ANU Medical School began in 2004 and has established a rural training program in south eastern NSW at locations including Bega, Cooma, Goulburn, Young and the Batemans Bay area. The additional government funding will enable the

ANU to expand operations at these key rural locations and increase its number of long-term rural placements. The full text of the statement by Health Minister Tony Abbott is at http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2006-ta-abb036.htm

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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 (do not "reply" to this email - send contributions to grovesc@winshop.com.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 2,482 email addresses. Please forward a copy to any colleague you think may be interested.

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NSW changes to IPTAAS are welcome, but where is the national consistency?

Recent events and publicity in NSW have led to sensible and compassionate changes to the Isolated Patients' Travel and Accommodation Assistance Scheme. However, rather than waiting for the next bad news story to hit the headlines in some other State or Territory, there should be a national review as the basis for changes in all jurisdictions to provide greater uniformity for all patients' travel and accommodation schemes. In some States, needy patients can miss out under the current provisions merely because a particular quarter's budget has been expended.

One of the recommendations agreed by over one thousand delegates at the National Rural Health Conference in Alice Springs in March 2005 was:

"There should be an immediate national review of the State schemes that assist patient and carer transport and accommodation. The purpose would be to introduce a uniform approach which provides people from remote and rural areas with reasonable reimbursement for accessing services that are not available in their own communities."

Currently the individual State and Territory schemes vary in a number of respects. NSW is the only jurisdiction in which patient transfer for emergency admission is covered, and in which Aboriginal Health Organisations may transport eligible Indigenous patients to specialist appointments in major centres and claim travel and accommodation assistance directly on behalf of their clients.

There are variations between the States and Territories in relation to:
* which professionals can refer patients to the scheme;
* whether the patient must go to the nearest available relevant specialist or may use a specialist with whom they have a history;
* which interventions are eligible (eg physiotherapy after orthopaedic surgery is included in Queensland only; artificial limb fitting is not covered in SA, Victoria or NSW; provisions relating to IVF and transplant vary between jurisdictions);
* the distance threshold (it is now 100 kms in NSW as well as WA, SA and Victoria; 50 in Queensland, 75 in Tasmania, and 200 in the NT (except for dialysis: 80 km);
* the form of travel covered;
* how escorts are dealt with;
* how accommodation is dealt with;
* how claims and reimbursements are made;
* how the schemes are administered and promoted; and
* the personal contributions required.

The schemes should be reviewed with the objective of integrating uniform principles of eligibility. Promotion of the schemes should be encouraged through the publication of brochures, booklets, forms and posters, and promotional material should be in a user-friendly format and distributed widely to a range of health care practitioners. All health care practitioners should be informed about the scheme's provisions and be able to help eligible patients complete the forms for assistance. The forms could then be forwarded to a GP for them to authorise.

All States and Territories should budget for sufficient funds for the scheme to provide assistance to all eligible patients. Support should certainly not be dependent on the stage of the annual budget cycle in which one applies.