

Mr Ian Holland
Committee Secretary
Senate Community Affairs References Committee
Parliament House
CANBERRA ACT 2600
Email: community.affairs.sen@aph.gov.au

Dear Mr Holland

Thank you for the opportunity to provide a submission to the Senate Community Affairs References Committee inquiry into the factors affecting the supply of health services and medical professionals in rural areas. Please find below my recommendations relating to this Inquiry.

1. Evidence Based Medicine, health service delivery and planning in rural areas

Some stakeholders identified, during the Senate Committee's public hearings, the urgent need for mechanisms to facilitate the rapid translation of clinical and cost effectiveness evidence and clinical guidelines into clinical practice through Evidence Based Medicine (EBM) translational mechanisms in rural and remote areas, ensuring the input of health economists. They emphasised the need for designing health service delivery based on the best evidence. They also called for new mechanisms to facilitate Evidence Based Planning to ensure that supply and demand factors in rural and remote areas are identified and health needs met.

Recommendations

EBM translation mechanisms

1. The Department of Health and Ageing to arrange a national review across the Australian government, all States and Territories and the National Health and Medical Research Council (NHMRC) to provide a synthesis and overview of work underway and proposed through:
 - The NHMRC's Partnership Centres of Research Excellence and NHMRC Centres of Research Excellence.
 - State and Territory initiatives to establish Evidence Based Medicine (EBM) Clearing Houses eg the NSW Agency for Clinical Innovation, and the new Commission for Hospital Improvement in Victoria which is being guided by the Victorian Health Innovation and Reform Council.
 - Telemedicine projects funded by Australian Department of Health and Ageing during 2012.
 - University, community and hospital based centres providing a EBM Clearing Houses.
2. The national review in recommendation 1 to identify Australia-wide synergies and avoid duplication of effort by identifying mechanisms to rapidly disseminate the EBM evidence to rural and remote areas across jurisdictions. Telemedicine initiatives and the IT platform for rural and remote to be investigated as a high priority. This review would consider how the dissemination mechanisms would be undertaken given work of :
 - *Medicare Locals, Local Hospital Networks and Lead Clinical Groups* in rural and remote areas.
 - The *National Strategic Framework for Rural and Remote* developed by the Commonwealth, States and NT. This is a collaborative priority project of the Australian Health Ministers Advisory Council Rural Health Standing Committee and was endorsed by Health Ministers on 11 November 2011.
 - The *Rural and Regional Health Australia* which was established from 1 July 2011.
 - *Health Workforce Australia* and the *Workforce/Innovation and Reform Program, Clinical Training and Reform Investments and International Health Professionals Program*
 - *Rural Health Workforce Australia* and *Rural Workforce Agencies* deliberations.
 - *National Rural and Remote Health Stakeholder Support Scheme (NRRHSSS)* and its approach to funding the six peak rural and remote health stakeholder organisations including:
 - National Rural Health Alliance;
 - Services for Australian Rural and Remote Allied Health;
 - Rural Doctors Association of Australia and
 - Health Consumers of Rural and Remote Australia;

- Council of Remote Area Nurses of Australia; and
- National Rural Health Students Network.

Evidence Based Planning

3. The work by health economists with algorithms/ protocols that are inherent in economic evaluation studies use epidemiological probabilities about the incidence and prevalence of disease and its progression along with the impact of various treatment interventions (drugs, surgery, watchful waiting etc) such as success rates etc. This information could be applied to regional data on disease burden to model scenarios for possible demand for treatment and the supply implications. Requirements for certain clinical staff, hospital services, drugs and community services could thereby be more effectively estimated.
4. This '*evidence based approach to health services planning*' could be included within the Terms of Reference for the national study identified in recommendation 1 above. The national review could include consideration of the availability of such epidemiological probabilities that would underpin the latest evidence in cost effectiveness studies for interventions for priority diseases in rural and remote areas. The work of the EBM clearing houses and NHRMC centres of excellence on evidence translation could include such evidence where there is adequate inclusion of health economics evidence in their systems.
5. Any 'gaps in the evidence' identified in the review in recommendations 1 and 4 should be addressed by Australian Department of Health and Ageing in consultation with the NHMRC and all States and Territories.

Yours Sincerely

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 Health Economics and Funding Reforms
 Deputy Chair Guidelines and Economists Network International (GENI) Board
 7 August 2012

Dr Kathryn Antioch, as Deputy Chair, GENI Board, is working on developments in implementing clinical and cost effectiveness evidence and Clinical Practice Guidelines (CPGs) in rural and remote areas internationally. She has been involved in nine Australian Senate Committee Inquiries on the Australian Health Reforms since 2010 and she briefed the Council of Australian Governments (COAG) on initiatives to implement Evidence Based Medicine nationally in the context of the renegotiations of the new Health Reform Agreements from 2008 to 2010. She was the appointed Health Economics member of the Principal Committees of the NHMRC for six years to 2009 including the National Health Committee, Health Advisory Committee, Privacy Working Committee and Lead Committee. She led the implementation of EBM initiatives across some Victorian Local Hospital Networks until 2007 as a member of their Senior Management and as a Principal Management Consultant.