

Access to Specialist Medical Services in Remote Indigenous Communities and Implications for Intervention

Policy context

- Aboriginal people in remote communities have greater health needs, but poorer access to health care than other Australians.
- The intervention in the Northern Territory (NT) has highlighted the need for more effective follow-up of identified health problems.
- One aspect of service need that has received significant media attention is specialist medical and surgical care.
- Barriers to accessing specialist surgical services—as well as issues around specialist outreach program design, sustainability and impact—have been comprehensively described in our past research.

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What are specialist outreach services?

- Regular specialist visits to clinics have been promoted for more than ten years as a strategy for improving access to care in remote Indigenous communities.
- Regular outreach has been conducted in general medicine, general surgery, paediatrics, ophthalmology, obstetrics and gynaecology, and ENT surgery.
- At outreach clinics, consultations and minor procedures are performed using portable equipment, with face-to-face arrangements made for bigger operations or tests at a regional hospital.
- Outreach clinics provide a forum for formal and informal educational seminars, and improved relationships between hospital and specialist staff and the community.
- Increasing resources for the provision of health services in remote communities in the NT has the potential to enhance specialist outreach services.
- It is important that the design and delivery of specialist outreach services draws on the research in this area.

Importantly, evidence shows that specialist outreach services can provide more effective services in remote communities—and cost less per consultation.

What the evidence says

- Specialist outreach to remote Indigenous communities in the NT improves access through:
 - overcoming the need for patients to travel large distances;
 - allowing family and local health staff to attend consultations in familiar surroundings;
 - improved doctor–patient and hospital–remote community communication and interaction;
 - improved understanding of the remote community circumstances by hospital staff.
- Community outreach clinics held at least twice per year reduce by one-third the proportion of referrals not completed within 12 months.
- Outreach clinics see a large number of patients with problems warranting specialist involvement but who were previously un-referred from primary care.
- With outreach, up to 90% of specialist consultations took place in the community setting, without patients needing to travel to hospital outpatient clinics.
- Outreach allowed many minor procedures to be done locally and at a much lower cost.

Outreach clinics improve access without increasing referrals from primary care nor increasing the demands for higher cost procedures at the hospital base.

What makes accessing specialist services difficult?

Barriers to accessing specialist services in remote NT communities include:

- Geographic remoteness, including lack of transport and accommodation, and dislocation from family.
- Cultural inappropriateness of services.
- Poor communication between doctors and patients, and between hospitals and remote communities.
- Poverty.
- Unfamiliar health service structures and processes.

What happens when access to specialist services is limited?

Poor access is reflected in a variety of ways, including:

- Uncompleted referrals to specialists.
- Non-attendance at appointments for surgery.
- Frustration and disappointment from patients, remote community staff, and specialists.
- Inadequate or incomplete treatment.
- Poor health outcomes.

Strategies for change

- Increasing resources for provision of health services in remote NT communities could potentially enhance specialist outreach services.
- It is important that the design and delivery of specialist outreach services draws on the research in this area.
- There are a number of clear requirements for ensuring the sustainability and effectiveness of specialist outreach services:
 - There must be sufficient specialists to allow outreach at the Regional Base. Efforts should be made to ensure that outreach is valued throughout the organisation, and outreach should be integrated into the specialist teams' responsibilities and not dependent on one person.
 - The Outreach Service should be coordinated, with prior planning of visits, funded separately and evaluated regularly.
 - The Outreach Visits should be regular and predictable, respond to individual community needs, be accountable to the referring practitioner and community, provide an appropriate mix of clinical services, education and support, utilise education and training opportunities, and ensure reliable correspondence and good communication.
 - Importantly, for specialist outreach to be effective, primary care services must be adequately resourced and staffed, and running well. Specialist outreach must integrate with primary care services to ensure no disruptions to the provision of essential primary care.

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