



NATIONAL RURAL
HEALTH
ALLIANCE INC.



Mr Tim Kelsey
Chief Executive
Australian Digital Health Agency
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Dear Mr Kelsey

Consultation to develop the National Digital Health Strategy

I am writing further to your call for submissions to inform the development of the National Digital Health Strategy. The National Rural Health Alliance (the “Alliance”) welcomes the opportunity to comment on the provision of health services through innovative and emerging digital modalities. Access to reliable, affordable digital services (including internet and telephone) is critical to people living in rural and remote Australia. It is also vital to the delivery of a range of health services that support people living outside the major cities in Australia.

The Alliance considers that digital health can drive transformational change across Australia and including in rural and remote locations. However key limitations which need to be overcome to maximise those gains include cost, access and proficiency.

The delivery of high quality telecommunication and digital services offers potential gains for regional and remote communities in terms of improved access to education, health and business opportunities: but unless the services available provide the quality and reliability required, those potential gains will be significantly diminished.

The Alliance is comprised of 39 national member organisations. We are committed to improving the health and well-being of all people living in rural and remote Australia. Our members include consumer groups, representation from the Aboriginal and Torres Strait Islander health sector, health professional organisations (representing doctors, nurses, midwives, allied health professionals, dentists, optometrists, paramedics and health service managers) and health providers. A full membership list is at [Attachment A](#).

Approximately seven million people live outside major cities in Australia. These people are, on average, generally poorer, sicker and older than their city counterparts. Sixty-five

percent¹ (440,000) of Australia's Aboriginal and Torres Strait Islander peoples live in rural, regional and remote Australia.

Compared with major cities, social determinants of health tend to be worse for people living in these areas – specifically they have lower incomes, poorer access to and lower levels of education, with the local economy frequently linked to external factors such as climate variability and commodity prices, and cost of living (excluding housing) tends to be higher.

Prevalence of chronic disease tends to be higher in rural and especially in remote areas, partially reflecting social determinants and risk factors.² Health outcomes tend to be worse again, with people presenting later for clinical care when their illness, injury or disease is further progressed. Rates of hospitalisation and death rates increase with remoteness.³

Access to almost all health care services can be logistically more difficult for people living in rural and remote areas - greater distances, lack of public transport, and more dispersed services.

The number of General Practitioners in rural and remote Australia has improved over the past 20 years almost exclusively as a result of the deployment of International Medical Graduates (formerly Overseas Trained Doctors). However, the prevalence of almost all other primary health care professionals continues to decline steeply with remoteness (eg Psychologist full time equivalents (FTEs) decline from 102 per 100,000 in Major cities, to 60, 45 and 31 in inner regional, outer regional and remote areas respectively).⁴

This data tells us that accessing health services in rural and remote Australia can be very difficult, if not impossible. Currently, many people living in rural and remote Australia travel vast distances to access specialised services that are not available within their community. Further, they often chose to delay seeking specialised services until they are acutely unwell due to the inconvenience associated with leaving their home, community and livelihood. As noted above, this results in people presenting with illness and injury that has not been well managed, is further advanced and the patient is significantly sicker with fewer treatment and/or management options.

The advent of digital modalities to deliver health services and to support people to manage their own health has the possibility of transforming the way in which people living in rural and remote Australia manage their health and wellbeing. In turn, this could result in vastly improved health outcomes, particularly through targeting prevention and early intervention activities with patients able to access services within their home and/or local community.

Further, digital technologies can also be utilised to support health care providers to access continuing professional development, network with colleagues and seek professional

¹ <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0012014-15?OpenDocument>

² <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129555476>

³ <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129555476>

⁴ <http://www.aihw.gov.au/workforce-data/>

assistance and support. This goes some way to reducing feelings of professional isolation and the pressure of solo practice in some rural and remote communities.

It should be noted that, while these recent advancements in technology now offer incredible opportunities, the Alliance believes the provision of health services through digital means should not take the place of traditional face-to-face services. That is, digital service delivery should complement arrangements where patients and health services providers can meet face to face.

At present we know that digital technologies – including telephone access, skype, Facebook, twitter, internet browsing, use of smart phone, tablet apps and remote monitoring and assessment applications – are a key and ever increasing part of how people access information and services in Australia.

However, we also know that segments of our population do not engage with digital technology in the same way as others. This is often due to poor internet connectivity and therefore poor access, compounded by the difficulties relating to affordability. This is particularly relevant to people living outside of major cities in Australia.

If an individual lives in a community where they cannot undertake internet banking or send email due to poor coverage and slow speeds, expecting these same individuals to make use of portals such as MyGov and MyAgedCare and access health care services digitally is unrealistic.

One of the most significant areas of need in regional and remote Australia is for better access to technology – including better access to high quality, fast internet services.

In today's health service delivery, internet access is almost mandatory, which places people in smaller regional and remote communities at a distinct disadvantage.

Generally, there are greater vulnerabilities and challenges facing people living in regional and remote Australia. Poor access to adequate and affordable digital services only serves to deepen these vulnerabilities and challenges.

Kohen and Spandonide look at the way in which people in remote communities access telecommunications, noting that pre-paid services are the main source of access⁵. They also note that charges are significantly higher in these communities, resulting in lower levels of access. With higher costs and poorer service quality, expecting the delivery of health services through apps and other mobile platforms will further disadvantage remote communities, particularly remote Aboriginal and Torres Strait Islander communities.

Lane et al undertook a case study of broadband access in rural Australia and their paper includes data on the limited availability of services, and greatly reduced download speeds,

⁵. Kohen A, Spandonide B. Switching on the remote: a new perspective on accessibility in remote Australia. *Learn Communities*. 2016 Apr;(19):76–97.

in rural and remote Australia⁶. They indicate that the demand for data in rural and remote Australia is outstripping the capacity of current network services. While policies are in place to address these issues, Lane et al contend that the lag in delivery of those policies has resulted in efforts to address the inequality in service access being unsuccessful to date.

Lane indicates that affordability of broadband services decreases with remoteness as do the range of choices available to people seeking reliable, fast telecommunication and internet services with widely variable download speeds. They found that these limitations underlie significant dissatisfaction with the supply of broadband infrastructure in outer regional, remote and very remote households.

The issues relating to the reliability and affordability of digital technologies – particularly internet access – impacts on both the users of health services as well as the health service providers. Anecdotal evidence from Alliance member bodies suggest that many health providers and professional groups are keen to embrace the opportunities that digital technologies offer in delivering services and supporting people living in rural and remote Australia.

The need for improved digital services in regional and remote Australia is urgent. If we are to address the need for better access to information and health services, then adequate and affordable technology and telecommunications must be available to meet the challenge.

I would be very happy to meet with you to discuss further the content of this Submission. I can be contacted via email on david@rurahealth.org.au or on (02) 6285 4660.

Yours sincerely



David Butt
Chief Executive Officer
7 February 2017

⁶ Lane MS, Tiwari S, Alam K. The Supply and Use of Broadband in Rural Australia: An Explanatory Case Study of the Western Downs Region. Australas J Inf Syst [Internet]. 2016 Oct 17 [cited 2017 Jan 16];20(0). Available from: <http://journal.acs.org.au/index.php/ajis/article/view/1202>

Member Bodies of the National Rural Health Alliance

National Rural Health Alliance - Member Body Organisations
Australasian College for Emergency Medicine (Rural, Regional and Remote Committee)
Australasian College of Health Service Management (rural members)
Australian College of Midwives (Rural and Remote Advisory Committee)
Australian College of Nursing - Rural Nursing and Midwifery Community of Interest
Australian College of Rural and Remote Medicine
Australian General Practice Network
Australian Healthcare and Hospitals Association
Allied Health Professions Australia Rural and Remote
Australian Indigenous Doctors' Association
Australian Nursing and Midwifery Federation (rural nursing and midwifery members)
Australian Physiotherapy Association (Rural Members Network)
Australian Paediatric Society
Australian Psychological Society (Rural and Remote Psychology Interest Group)
Australian Rural Health Education Network
Council of Ambulance Authorities (Rural and Remote Group)
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
CRANaplus
Country Women's Association of Australia
Exercise and Sports Science Australia (Rural and Remote Interest Group)
Federation of Rural Australian Medical Educators
Health Consumers of Rural and Remote Australia
Indigenous Allied Health Australia
Isolated Children's Parents' Association
National Aboriginal Community Controlled Health Organisation
National Aboriginal and Torres Strait Islander Health Worker Association
National Rural Health Student Network
Paramedics Australasia (Rural and Remote Special Interest Group)
Rural Special Interest Group of Pharmaceutical Society of Australia
RACGP Rural: The Royal Australian College of General Practitioners
Rural Doctors Association of Australia
Rural Dentists' Network of the Australian Dental Association
Royal Far West
Royal Flying Doctor Service
Rural Health Workforce Australia
Rural and Indigenous Health-interest Group of the Chiropractors' Association of Australia
Rural Optometry Group of Optometry Australia
Rural Pharmacists Australia
Services for Australian Rural and Remote Allied Health
Speech Pathology Australia (Rural and Remote Member Community)