

On the road again:

Identifying and reducing the socio-economic cost of travelling for health care

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**‘It’s hard enough having a weekend away,
let alone major surgery!’**

(McLaren , unpublished manuscript, 2012)

Travel for health care comes at a cost to the individual.

There is no agreed formula for counting that cost.

This is an academic study in **the value of lived experience** as a driver for change.

It will answer questions about how rural communities **define and resolve issues of concern.**

Hamilton Charter for Farmer Health

Two years ago, the Hamilton Charter for Farmer Health 2010 encouraged attendees to:

Recognise that improving farmer health involves new relationships and the strengthening of old **relationships across sectors and within sectors.**

(Hamilton Charter for Farmer Health 2010, p 6)

The SCRH project is founded on these principles.

What do we know now?

Not a lot...

Transport is **always a significant issue** in the lives of rural and remote people ,

Colloquial evidence, and plenty of it.

Few published studies on economic costs

A handful of Australian studies

No attempt to define the costs and examine the cultural and institutional constraints on service response.

Why here?

- **Local research capacity** The RMIT University Regional and Rural Futures Research Group
- **Cross-border issues** need addressing
- **Distances** travelled by patients are significant

Chance to study how people live their lives, not how services get funded...

Why now?

`Top Down' imperatives

New Australian National Standards for Health Care

Person-centred Planning and Care are more than just buzz-words.

Technology = opportunity

- The **National Broadband Network**
- New opt-in **electronic health record system**,
- **Tele-health** advances in video consulting software and hardware

`Bottom Up' opportunities

Come to the lunchtime panel today!

Policy, Diversity and Interdependence

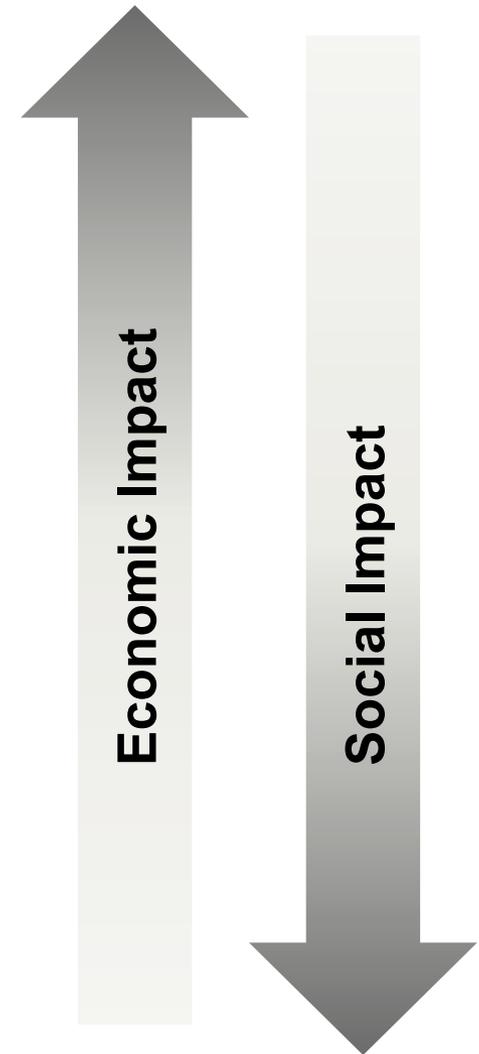
PRCRN and `disconnection from policy`

Policy imperatives & the SCRH

Diverse voices, shared evidence, shared decisions...

What are we finding out?

- **Petrol and Accommodation**
- **Demands of the farming calendar**
- **Loss of income**
- **Logistics (of farm and family life)**
- **Use of hired help**
- **Assistance from family and friends**
- **The things you don't expect...**
- **Lack of information about services**
- **Boundaries and service co-ordination barriers**
- **Dependence and independence**
- **Feelings of guilt, stress and anxiety**
- **The tyranny of time**



Economic costs

In the case study undertaken for the paper for this conference, economic costs were less of direct concern than social and emotional concerns.

Loss of income can be a significant issue.

Petrol and accommodation – not the whole story...

hiring outside help – nice idea, but it doesn't always help

Social costs

social costs of surgical events outweighed economic costs in their impact on the individuals involved and on the life of the family as a whole.

- Time
- Dependence
- Guilt, stress and anxiety
- Lack of information about services
- The things you don't expect...

These factors all had relatively low economic impacts and very high social impacts.

The surprises...

The **tyranny of time** ...

+

Dependence and independence are significant factors

=

Guilt, anxiety and stress are costly to the individual and their family.

The challenges

Individuals and families

stress and guilt

Keeping life as `normal' as possible

Trying to plan and be prepared in what is essentially an alien world.

Not knowing what to expect and dealing with the implications of decisions made in a vacuum.

Health Services

Culture change will be required. `All change is hard'

Need to balance existing quality of care with more flexible, responsive approaches.

Co-ordination of care between health services will help

One of the obvious answers – telehealth

Sometimes the answer overtakes the question....

Any trip that can be lessened or avoided is good...

No single answer will work for everyone...

Technology issues in the bush...

The cultural aspects of adoption...

Two emerging themes for action...

1) **Reducing time spent on the road** is the most effective method of redressing both social and economic costs across the board and this should be the first tier response.

Tele-health is an obvious avenue to explore.

2) Health services can create relatively large beneficial effects by concentrating second tier responses around **issues which rank highly for social impact and can be reviewed with input from patients.**

To take the obvious example, information is cheap to produce. Missing the target audience with that information is costly.

What will happen next?

The study is still in progress.

More stories will be collected.

The project team will continue to develop shared understanding of the issues.

Tele-health will continue.

The final story will be that of an embedded rural research project that links applied social science to practical, responsive change in a community of interest.

Summary

At first glance, **the socio-economic costs** of rural travel for health care **seem overwhelming**.

When viewed through the **lens of lived experience**, the focus can be tightened onto several factors that are amenable to change.

Most of the changes are relatively small.

The **potential benefits** to farming families and other rural citizens **are exponentially larger**.

As the Hamilton Charter so rightly identified, the key to effective change will be **grounding service responses in local lived experience**.

Key Message

The issues that look too hard to solve never are. They just aren't easy.

Talking to those who are living the experience makes the solving easier.

Rural communities are fertile ground for change. The seeds for effective, responsive change are to be found in the stories of those with lived experience. Change is nurtured by mutual consideration of issues of concern that represent diverse views and interdependent interests.

For further information:

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The Research questions

What is the economic cost (per visit) for people travelling from rural areas for hospitalisation?

What is the social cost (per visit) for people travelling from rural areas for hospitalisation?

What aspects of the total patient journey are most difficult &/or expensive for people? (Which of these are shared by all patients? Which are affected or caused by rurality?)

What is WDHS doing really well for rural patients (as defined both by staff and by patients)?

Where could the patient's experience be enhanced (as defined both by staff and by patients)?