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Conference Abstract

From fragmented to integrated healthcare: an imperative for rural populations

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Abstract

Introduction: Providing healthcare to rural populations is often challenging. Long distances, low population densities, difficulties recruiting and retaining staff, limited opportunities to harness economies of scale, and an ageing population with high prevalence rates of chronic disease – all of these factors place fragmentary pressures on healthcare organisations. In the face of such pressures, there is a particular imperative to integrate services for rural people.

Objective: To draw on patient survey data to assess the extent of variation in key elements of healthcare integration across hospitals situated in outer regional/remote, inner regional and major city areas of NSW.

Methods: Results from a postal/ online survey of adults admitted to NSW public hospitals between January and June 2013 [Sample size 17,746]. Results were weighted to represent the age and stay type of each hospital's admitted patient population. Questions relating to communication, coordination of care, patient engagement and integration were included in the study.

Results: Patients admitted to hospitals situated in rural areas of NSW scored questions relevant to integration of care more positively than those admitted to hospitals in urban areas. This was particularly the case for questions related to communication and patient involvement in care. Results regarding the extent to which patients were definitely involved in decisions regarding their discharge from hospital were the most variable across aggregated rurality categories (72% for outer regional/remote, 69% for inner regional and 61% for major cities). Results for whether patients felt they were definitely involved in decisions about their care and treatment showed greatest variability across hospitals within rurality categories (rural hospital range 55% - 79% patients; metropolitan hospital range 46% - 80% patients).

Discussion: Complementary data drawn from the 2013 Commonwealth Fund International Health Policy Survey echoed these patterns. Data for NSW respondents show more positive results for people living in outer regional/remote and inner regional areas of NSW with regards to

communication regarding prescription medications, the extent to which general practitioners engage patients in their own care, and confidence that patients with chronic conditions report in managing their own health problems. It is not clear whether the isolation and distance that characterise rural life encourages patients to become more engaged in their care; or encourages healthcare providers to facilitate greater engagement of their patients; or a combination of the two.

Limitations: The analysis has not taken account of potential confounders such as variation in case mix across hospitals and rurality. It can be argued however, that patients should be engaged in their care, regardless of their specific diagnosis or severity. Further, while the study includes a range of elements pertinent to healthcare integration, there may be elements that have not been captured by the survey instrument.

Conclusion: Patients hospitalised in rural NSW report better communication and greater involvement in decisions about their care than those hospitalised in urban areas.

Keywords

patient survey; rurality; integration

PowerPoint presentation

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