

1. Title of Case Study

Using equity-focused health impact assessment to enhance rural medical practice

Royal Australasian College of Physicians

2. Abstract: outline of EFHIA and key take home messages

The Royal Australasian College of Physicians (RACP) manages the Support Scheme for Rural Specialists (SSRS) on behalf of the Committee of Presidents of Medical Colleges. The SSRS aims to provide continuing professional development (CPD) opportunities to medical specialists in rural Australia using strategies such as videoconferencing to deliver CPD activities.

Videoconferencing can overcome some impacts that distance has on the ability of rural specialists to participate in CPD activities, and is seen as a cost effective way for delivering education without the need for travel and associated productivity losses. While it is recognised face-to-face education has other advantages, this medium is not always available nor accessible to all specialists. We hypothesised that the EFHIA framework would provide information concerning equity issues between specialists and their access to CPD activities, and other information about the program components that might otherwise have been missed. As the SSRS program moves into its second year, it was considered important to select videoconferencing as the focus of this EFHIA in order to establish any equity-based implications of programs that offer videoconferencing as a means of delivering education.

Consultation was undertaken with colleagues, experts and stakeholders via an e-mail survey, focus groups of rural specialists (some by videoconference) and personal interviews with commercial teleconference providers and government policy officials. The results indicated that videoconferencing was widely regarded as having potential to improve to professional development for rural specialists and could have flow-on effects for communities served by those specialists. However, where technology fails to keep pace with available programs videoconferencing may widen disparity between specialists, with flow-on effects to the communities they serve. It is clear that there needs to be an evaluation in regards to the rollout of technology and uptake of videoconferencing.

3. Aims, objectives & expected outcomes

Aims:

- To determine whether issues around equity arise as a result of supporting videoconferencing projects

Objectives

- To utilise the framework developed as part of an EFHIA to evaluate the Support Scheme for Rural Specialists program's use of videoconferencing as a means for delivering continuing professional development (CPD)

Expected Outcomes

- It was hypothesised that the EFHIA framework would provide information concerning equity issues between specialists and their access to CPD activities, and other information about the program components that might otherwise have been missed.

It is important to note that the staff time available to conduct this EFHIA was limited. No additional staff or resources were provided to carry out the EFHIA so there were limits to the level of consultation and data collection. However, this may also be the case if an EFHIA was to be undertaken, therefore it could be reasoned this case study can present a more realistic picture of the level of which the EFHIA can be completed within the constraints of one's workplace.

4. Application of EFHIA Framework

4.1 Screening

It was considered that this EFHIA would assess the impact of telemedicine as a delivery mechanism for continuing professional development (CPD) for specialists practising in rural Australia and determine whether this policy had any equity implications.

This policy assumes:

- Offering CPD via telemedicine would promote equity as it would enable rural specialists to access CPD that wasn't previously available
- That telemedicine can provide quality CPD to rural specialists that negates the need for travel to access such activities.
- That a large majority of rural specialists have ready access to the technology
- Providing professional development opportunities to specialists in areas where health is disadvantaged that health will be improved by having specialists who are able to access and meet their professional development needs.

4.2 Scoping

A steering committee and terms of reference were established. A Project Plan was determined at the first meeting and included the following steps:

- Literature review to be undertaken: topics searched included: Telemedicine; Videoconferencing; Equity; Education; CME/CPD delivery; Rural
- Consultation with stakeholders: this was undertaken through telephone consultation with representatives from the State Health Departments and telemedicine providers.
- Consultation with target group: this was undertaken through e-mail correspondence and opportunistic focus groups, one of which was taken via telemedicine.

4.3 Profiling

There was a lack of published literature about the delivery of CPD via telemedicine and its impact on equity. In summary the published literature indicates that the delivery of medical education has not taken full advantages of what telemedicine can offer. Telemedicine has the ability to alleviate problems associated with geographical isolation and electronic mediums can provide near instant connections between provider and participants. This isolation can be alleviated by the development of comprehensive networks and not ad hoc programs. A number of issues relating to the delivery of telemedicine were raised and included: quality of the technology; quality of the presentation; familiarity with technology and timeliness

In summary, telemedicine has the ability to:

- **Enhance** equity of access to continuing professional development and in turn improve patient care
 1. **Alleviate** problems associated with geographical isolation and electronic mediums can provide near instant connections between provider and participants.
 2. **Provide** access to case-conferencing sessions which are considered vital in continuing professional development and videoconferencing is sometimes the only way to access them
 3. Prove more **Cost effective** than attending short sessions in person
 4. **Alternative** if face-to-face attendance wasn't possible, however it is perceived not as effective as face-to-face learning,
 5. **Quality** and familiarity of the technology and quality of the presentation can impact on the success of the events
 6. **Inequities** may be widened between specialists where technology fails to keep pace with available programs

4.4 Mapping

The mapping step provided an opportunity to consider the information collected in the profiling step and determine the real or potential equity impacts in this setting.

The impacts identified included:

Positive

1. Enhanced equity of access to continuing professional development that may have only been available to metropolitan specialists and in turn improvements to patient care

2. Alleviation of problems associated with geographical isolation for those rural specialists seeking access to CPD without having to travel vast distances
3. Provision of near instant connections between provider and participants which can reduce the sense of professional isolation
4. Cost effective method of delivery CPD
5. Provides a good alternative if face-to-face attendance to CPD activities wasn't possible

Negative

1. If CPD is offered via telemedicine in place of face-to-face activities on a regular basis, it could have a negative impact on learning outcomes for specialists in certain areas as videoconference is perceived to be not as effective as face-to-face learning
2. Poor quality and familiarity with the technology and quality of the presentation can impact on the success of the events. This could impact on the level of improvement of knowledge learnt from such events
3. Inequities may be widened between specialists where technology fails to keep pace with available programs

4.5 Recommendations

1. If rural specialists do not have access to videoconferences, other mediums such as recording the CPD activity should be considered and encouraged.
2. While it is not the objective of the SSRS, care is needed to ensure that technology across rural Australia keeps pace with available programs.
3. It is suggested that the individual projects that deliver CPD via telemedicine ensure that they evaluate the projects effectiveness in reducing inequalities. The scope and timeframes of projects would not allow for inequities in health to be determined but rather any inequalities in accessing the activities on offer.

4.6 Monitoring and Evaluation

1. The roll-out and updating of technology should be monitored to ensure equity of distribution throughout rural Australia by liaison with Telemedicine Units at the relevant State Health Departments
2. Ensuring that people know the uses and benefits of the technology, how to access the technology is equally important to ensure it is utilized to its fullest capacity.

5. Summary: who learned what and what would be done differently

The project officer largely responsible for the project gained a greater understanding of issues surrounding equity and how these issues should be considered in relation to the development and implementation of policy.

While resources were limited for the conduct of the EFHIA within the constraints of this case study, a larger cohort of rural specialists would have been beneficial to ensure all considerations of equity relating to the use of telemedicine were covered.

6. What has changed as a result and why?

Developing and delivering continuing professional development should be adaptable to meet the needs of the medical specialist workforce. It is evident that telemedicine has the capacity to continue to play an important role in the delivery of CPD and that it can alleviate equity issues around timely access to such events.

In relation to the policy being considered for this EFHIA, it could be expected that the following may change or be impacted on:

1. Funding for CPD delivered by telemedicine continue to be supported however a number of issues should be considered when planning such events, including:
 - timeliness
 - target groups access to the technology
 - target groups understanding of how to use the technology
 - consultation with target group during event planning
2. Consideration and support should be given to alternative means of delivering education where telemedicine technology is not available
3. Liaison with metropolitan institutions should be encouraged to support the transfer of CPD offered in metropolitan locations to rural areas

7. Practical considerations when implementing EFHIA (200 words)

Given that this case study occurred without additional resources it is important the following elements are considered when implementing an EFHIA:

1. Timeframes:
 - How long will it take to complete the EFHIA?
 - When are the results needed?
 - Will the timing of the results affect the implementation of the policy?
2. Context and scope of policy
 - Have the relevant groups been involved in the planning of the policy?
 - Is the scope of the policy adaptable to a EFHIA ?
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3. Resources
 - Are there enough resources (ie staff, time, skills) to perform the EFHIA?
 - Do the staff involved understand the parameters of equity and issues associated with equity?

8. Advice for beginners

The information presented above under practical considerations should be considered for beginner's starting an EFHIA. In addition, to understand the scope of the policy being considered it would be useful to establish the volume of literature available and consider how easily accessible the stakeholders are to provide input into the process.

9. Concluding Remarks

All specialists medical colleges play a role in delivering appropriate and timely CPD to their fellows. The outcomes of this study could benefit such organisations and information relating to the findings will be forwarded.