

## Bridging the evidence gap—what makes a rural primary health care service successful and sustainable?

Rachel Tham<sup>1</sup>, Penny Buykx<sup>1</sup>, John Humphreys<sup>1</sup>, Leigh Kinsman<sup>1</sup>, Karly Smith<sup>1</sup>, Adel Asaid<sup>2</sup>, Kathy Tuohey<sup>2</sup>

<sup>1</sup>Monash University School of Rural Health, <sup>2</sup>Elmore Primary Health Service

### Background

Innovative models of primary health care (PHC) service delivery need to address several well-documented difficulties associated with providing comprehensive PHC services to small rural communities. Currently there is limited evidence about what works in practice and how successful PHC models can be implemented to improve equity of access and health outcomes in rural communities. The rural community of Elmore, 170 kilometres north-east of Melbourne, has responded to this challenge. Following the closure of Elmore Hospital in 1994, the community rallied and a collaborative partnership was formed between the community, a private general practice and the community health services to establish an integrated PHC model—the Elmore Primary Health Service (EPHS).

### Aim

A rigorous three-year evaluation of the EPHS has been undertaken to assess service performance; sustainability; quality of care; patterns of service utilisation, health behaviour and health outcomes in the community; and impact of the service on community viability.

### Methods

Sentinel indicators for measuring and monitoring health service performance, sustainability and impact on community satisfaction and health outcomes were based on evidence in the literature. PHC data were collected via medical and service record audits, community surveys, interviews and focus groups.

### Results

Data collected indicate that the EPHS meets the criteria of a well-performing and sustainable PHC service; is responsive to changes in the health policy environment; provides quality care targeting national priority health conditions; meets community expectations of health service delivery; and is proactively undertaking quality improvement associated with monitoring health outcomes.

### Conclusion

Evidence of what works well, where, and why can bridge the gap between optimal health service delivery and the specific contexts of rural communities. This study provides evidence on which small rural communities can model their health services; it highlights the importance of rigorous health services evaluation for ensuring equitable access to quality PHC; and it demonstrates how effective knowledge transfer through research and policy linkage and exchange can result in improved rural health service planning. Funding has been secured to evaluate the EPHS for a further three years, thereby providing a unique opportunity to undertake a longitudinal study of a rural PHC service delivery model.