PRESENTATION

October 2020

NSW GOVERNMENT Health
Western NSW
Local Health District

Rural & Remote
Medical Services Ltd

Charity Description

Rural and Remote Medical Services Ltd was established in 2001 as a charity to recruit doctors into rural and remote practice to deliver primary care and provide Visiting Medical Officer services in local hospitals.

Our Board

Richard Anicich, AM

Chair, RARMS
Chair, Hunter Primary Care
Chair, Committee for the Hunter
Consultant, Sparke Helmore Solicitors
Conjoint Professor of Law, University of Newcastle

Prof Amanda Barnard

Chair, Nominations and Governance Committee
Professor of Rural and Indigenous Health, Australian National University

Dr Ian Opperman

Chief Data Scientist of NSW
NSW Department of Customer Services

Dr Kim Webber

Executive Director, Strategy, Co-Health
Former CEO, Rural Health Workforce Agency

Dr Ken Mackey, AM

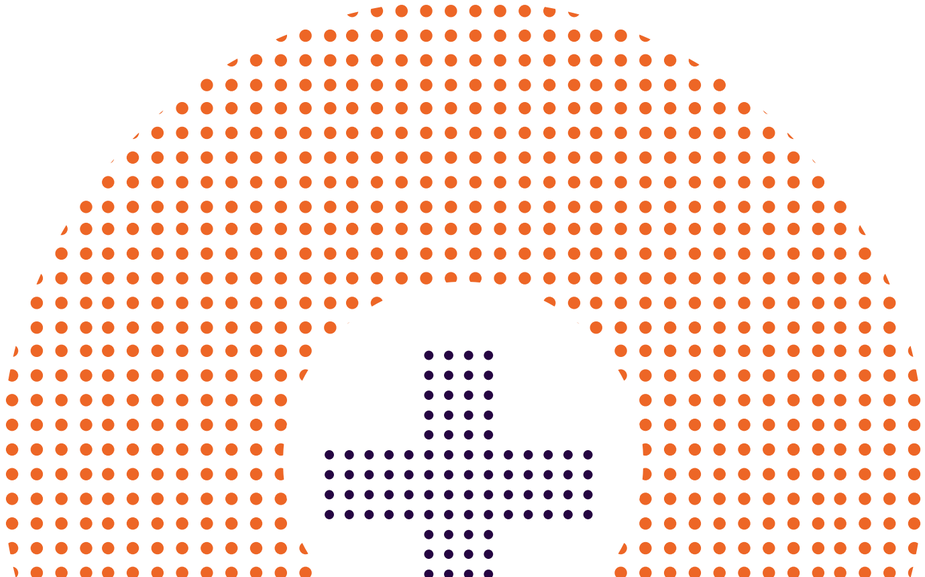
Chair, Clinical Governance Committee
Former President, Rural Doctors Association of Austr

Tim Horan

Representative, Aboriginal Community Controlled Health Organisations

Experienced,influential, informed

Our services



Practice Management

RARMS operates primary care centres in disadvantaged and vulnerable communities

Medical Recruitment

RARMS recruits permanent and Locum GP VMOs for general practice and hospitals.

Telehealth

RARMS operates the largest GP-led Telehealth service in NSW designed specifically to support low acuity rural primary and hospital care.

Community Planning & Advocacy

RARMS helps communities plan for their health needs.

Principles

Access to Health Services is a Right regardless of where we live in the country.

Health systems are a key driver of social and economic equity in rural and remote towns.

Primary care is the most cost-effective approach to improving rural health and delivering improved community outcomes.

Primary care is a specialist and relational system of care that performs a complementary role to hospital specialist care.

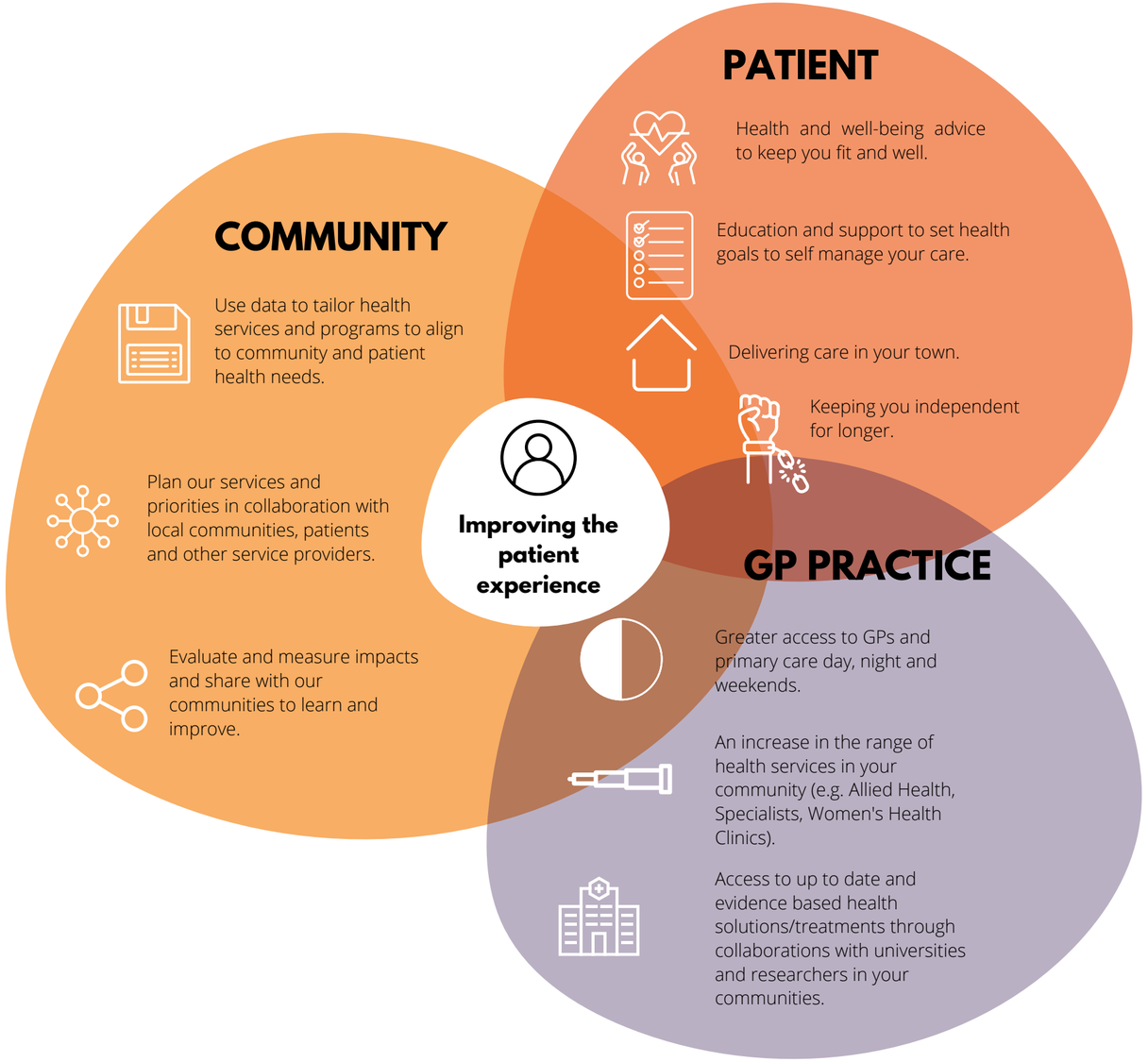
Rural and remote health ecosystems must be integrated to deliver the outcomes communities need.

Access to health care is about more than geography.

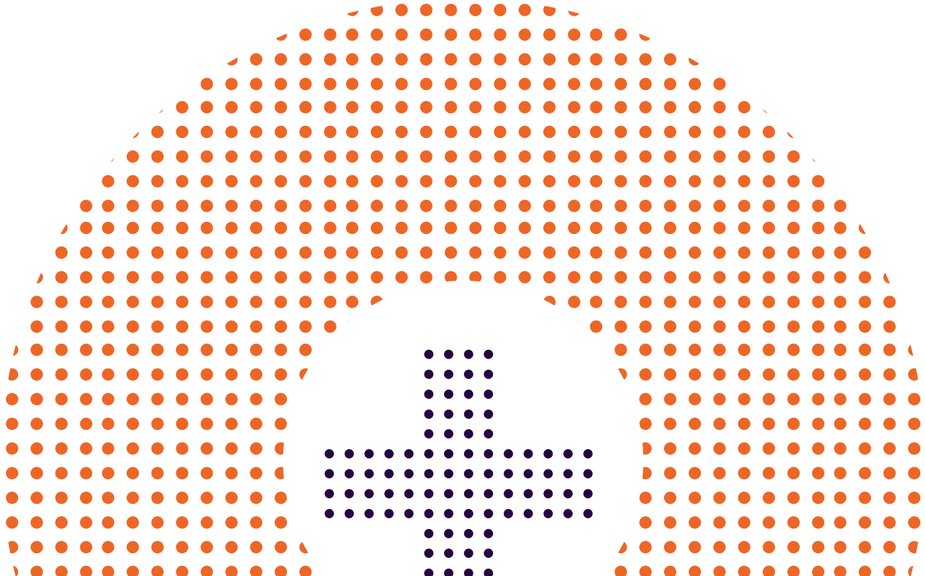
Telehealth is a technological enabler of geographic access but does not address all elements of access.

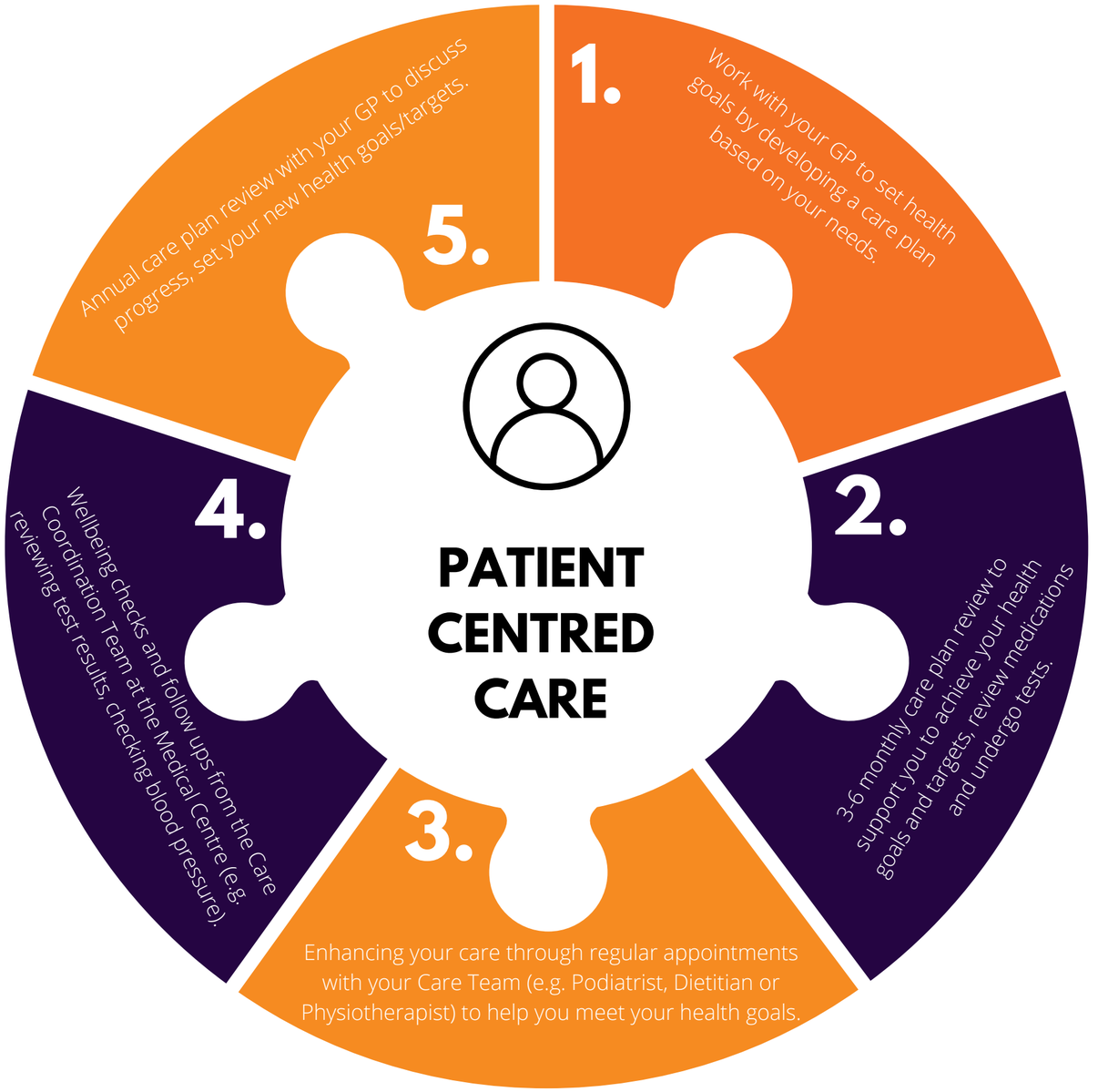
The achievement of value-based healthcare is dependent on community engagement and consent.

Rural Health Equity Framework

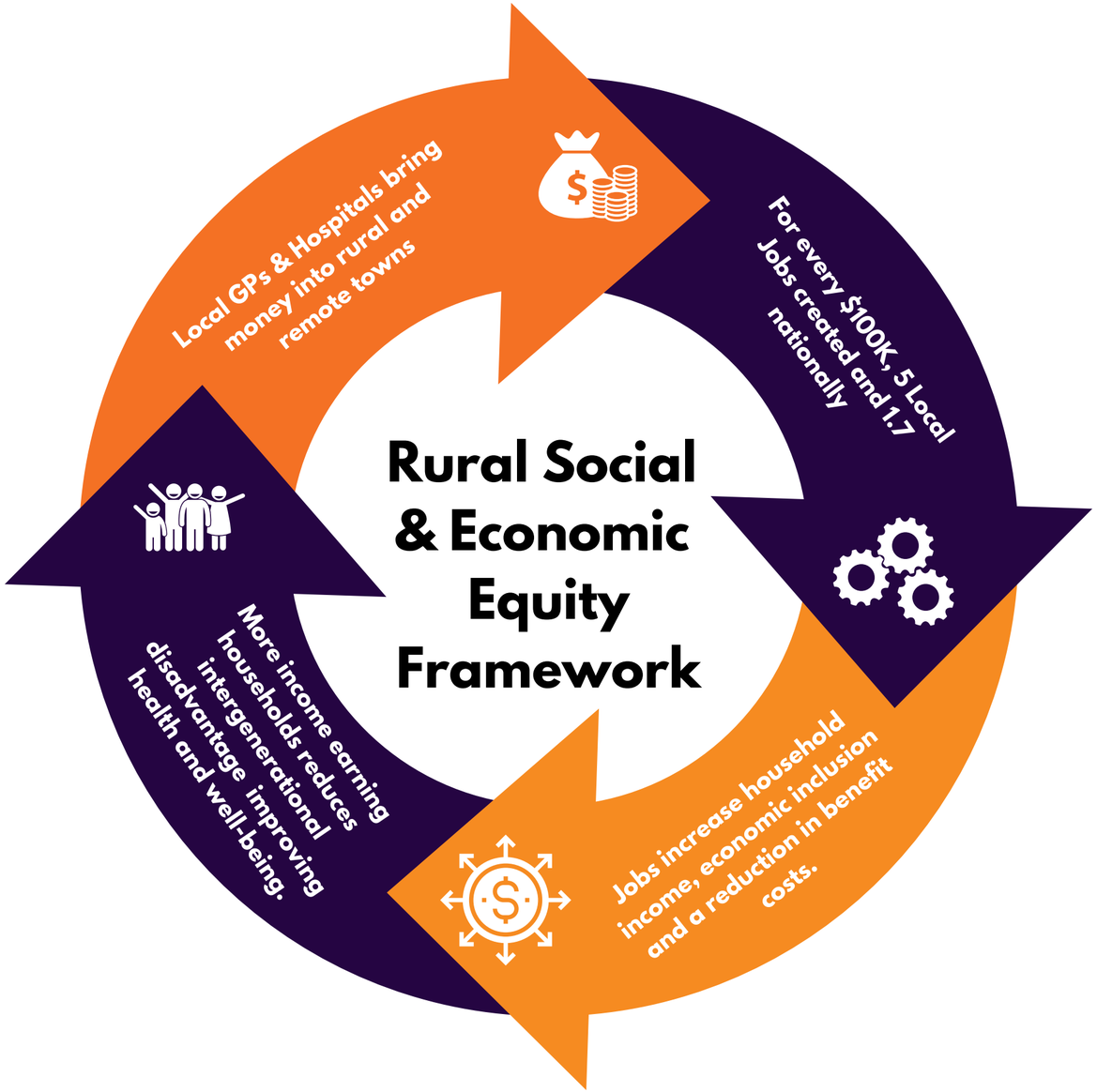


Chronic Disease Model of Care

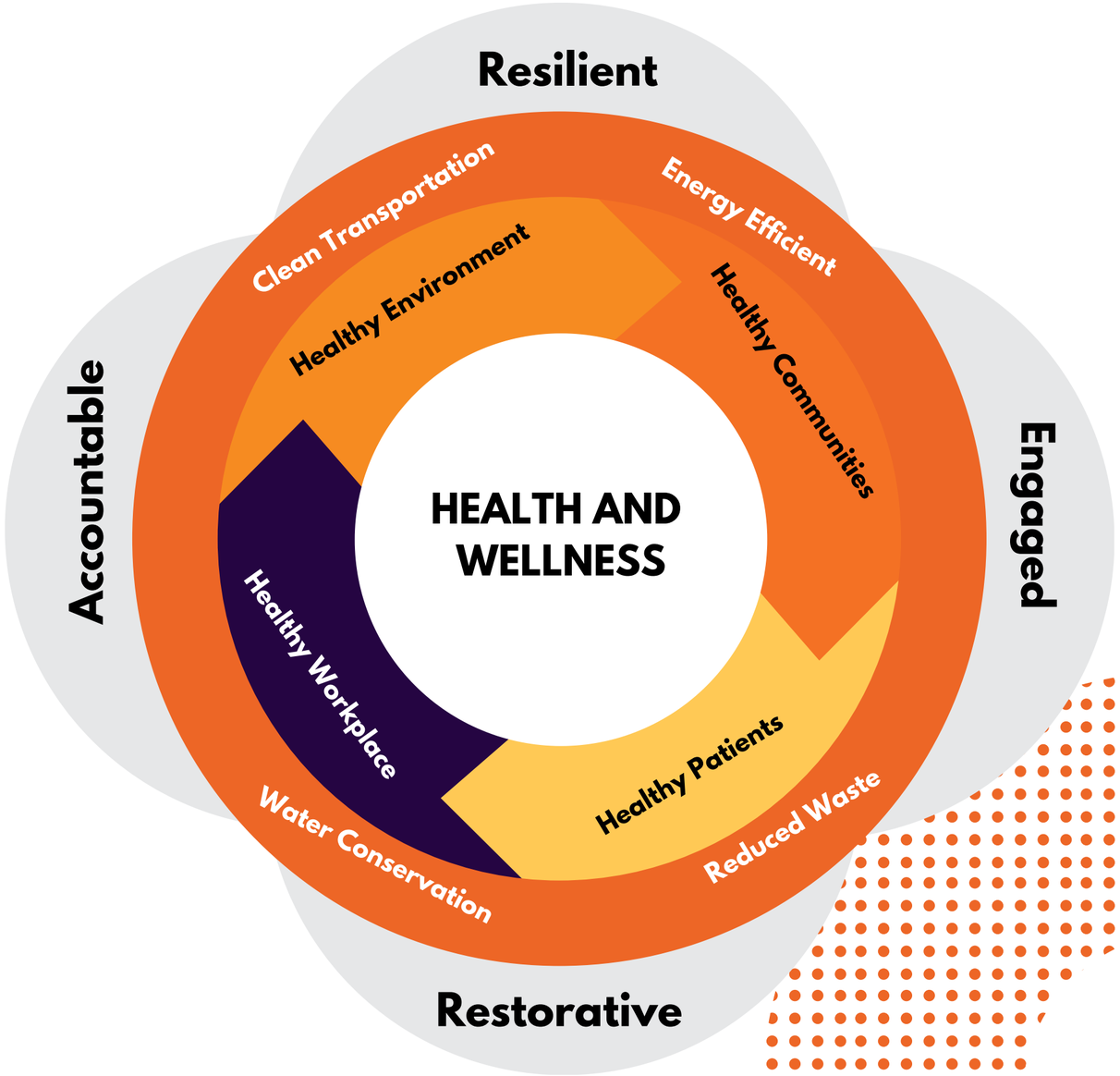




Social & Economic Equity Framework



Sustainability Framework



Funding model

Increased Care & Reduced Risk

RARMS combines funding from Medicare and VMO contracts to pay permanent doctors as GP VMOs. Surplus funds deposited into retained funds to cover periods of workforce shortage sustaining continuity of care and reducing risk.

Research has consistently shown that the RARMS model is the only financially proven approach to rural healthcare and workforce.

Prudent financial management

Performance

The most cost-effective and proven solution to delivering integrated rural care to meet community need.

Reduction in low acuity ED Presentations

Reduction in hospitalisation for potentially preventable conditions

High patient satisfaction rates

Communities like and support RARMS.

Our telehealth model supported by more than 90% of clinicians, health workers and residents.

Remote Health Outlook

Increased demand for Emergency Care

T1, 2 and 3 presentations in RARMS locations have increased 36.2% over the last 5 years reflecting population ageing and high prelevance of chronic disease.

Focus on primary care and service coordination

Shift to managed primary care in rural and remote communities to reduce onset of chronic disease.

Reorganisation of rural medical education and training

Medical education overhauled with funding shift to grow primary care workforce.

Increased Community Expectation

Poor health outcomes and access for rural, remote and Indigenous communities will gain increased public attention.

Telehealth becomes ubiquitous

Telehealth integrated across all fields of medical and health practice with proliferation of services and competition.

Contact us

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