



# Information bulletin\* – Evaluation of the COAG Section 19(2) Exemptions Initiative – Improving Access to Primary Care in Rural and Remote Areas

\* This information bulletin intends to provide stakeholders with key information about the evaluation and its implementation status.

## CONTEXT

Section 19(2) of the *Health Insurance Act, 1973* precludes state-remunerated health services claiming Medicare Benefits for non-admitted, non-referred professional services. In 2006–2007 the Council of Australian Governments (COAG) introduced the *Section 19(2) Exemptions Initiative – Improving Access to Primary Care in Rural and Remote Areas Initiative (the Section 19(2) Initiative)*, with the objectives of:

- improving access to primary care for people living in rural and remote areas
- supporting participating sites to attract and retain a relevant primary healthcare workforce, and
- assisting with the sustainability of the rural hospitals.

The Section 19(2) Initiative recognises that many people living in rural and remote areas throughout Australia face difficulties in gaining access to primary health care professionals and services in their community.

The Australian Government Department of Health (the Department) has engaged consultants from Healthcare Management Advisors (HMA) to

*‘undertake a robust review of the COAG Section 19(2) Exemptions Initiative – Improving Access to Primary Care in Rural and Remote Areas – to determine how the Initiative achieves its objectives’*

The Memorandum of Understanding between the Commonwealth and each participating jurisdiction contains two provisions relating to evaluation processes:

- (1) Clause 8.1 of the memoranda state that the Commonwealth will:  
*“Conduct an evaluation of the Initiative in consultation with participating states and territories”,* and
- (2) Clause 8.3 states that the jurisdictions will:  
*“Monitor and evaluate the Initiative’s ongoing effectiveness and discuss proposals for changes to its operation.”*

## PROJECT OBJECTIVES

Evaluation of the Section 19(2) Initiative will address the following evaluation questions:

- What effects has the Section 19(2) exemption had on approved eligible sites?
- Have Section 19(2) exemptions improved access to primary health care services?
- Are current Section 19(2) Initiative eligibility criteria appropriate to achieve the Initiative’s objectives?
- Are current administrative arrangements and processes appropriate for management, accountability and transparency purposes?
- Does the Section 19(2) Initiative continue to meet the need to improve access to primary health care in rural and remote areas?

## PROJECT METHOD

To undertake the review, the following eight project stages will be undertaken by HMA:

- (1) **Stage 1: Project planning** to define the project scope, clarify roles and responsibilities and formulate a detailed project management plan (December 2020).
- (2) **Stage 2: Situation analysis.** A summary of current Section 19(2) Exemption Initiative arrangements, policy and issues for exploration during the evaluation will be developed through a review of documentation and

consultation with stakeholders from relevant branches within the Australian Government Department of Health (January 2021).

- (3) **Stage 3: Evaluation plan** (February 2021). Based on findings from the situation analysis and a workshop with the project team, an evaluation plan will be drafted to:
  - (a) finalise the evaluation questions
  - (b) determine data sources and decide on data collection protocols
  - (c) design data collection tools
  - (d) describe the approach to data analysis, and
  - (e) outline reporting arrangements
- (4) **Stage 4: Data collection** (February 2021 – March 2021): HMA will collect a range of qualitative and quantitative data via surveys and interviews conducted with relevant stakeholders. These data collection processes will seek to gather feedback on the effectiveness of the Section 19(2) Exemption Initiative from a range of stakeholder perspectives.
- (5) **Stage 5: Case studies** (March 2021): HMA will investigate the impact of the Section 19(2) Exemption Initiative on different communities by conducting a series of ten case studies at selected sites. These case studies will seek to gain an in-depth understanding of how well sites are able to meet the objectives of the Section 19(2) Exemption Initiative and identify barriers to future success of the Initiative.
- (6) **Stage 6: Data analysis** (June 2021). HMA will examine the information collected in Stages 3 to 6, including:
  - (a) Annual reports from participating sites
  - (b) Standard operating procedures
  - (c) Medical Benefits Schedule data relevant to the Initiative operations
  - (d) Survey results
  - (e) Interview feedback
  - (f) Case study information, and
  - (g) Other relevant data gathered throughout the evaluation.
- (7) **Stage 7: Information synthesis** (June 2021). The project team will triangulate findings from the previous stages and form evaluative judgements of Initiative performance against the evaluation questions outlined in the evaluation plan. This process will then assess the extent to which the current Section 19(2) Exemption Initiative is appropriate, effective, efficient and of quality and value.
- (8) **Stage 8: Preparation of the final report** will occur by July 2021. This report will incorporate all key findings from the evaluation, recommendations to improve the Initiative for the future, and options for sites where Section 19(2) exemptions may not be appropriate.

## CONTACT INFORMATION

If you would like further information about the evaluation of the Initiative, please contact HMA or the Department of Health using the details provided below.

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