



Australian Government
Department of Health

Rural Health Outreach Fund

Service Delivery Standards

Effective 1 July 2020

1. FOREWORD

Following a review of administrative arrangements in the Health portfolio, the Australian Government announced the establishment of the Rural Health Outreach Fund (RHOF) in the 2011-12 Budget.

The RHOF aims to ensure all Australians have the same opportunity to access medical services regardless of the location in which they live.

All organisations supported by the Department of Health under the RHOF will be required to meet the terms and conditions outlined in their individual grant agreement and its schedules, and this document - the Service Delivery Standards.

The Department is looking to ensure that organisations supported through the RHOF are accountable, provide quality services and make effective use of available funding to identify and meet community needs. These organisations are referred to as Fundholders.

These service delivery standards aim to provide Fundholders with the information required to deliver the most efficient and effective services to address the RHOF's priorities for each jurisdiction and/or priority area within the funding available.

Overall these service delivery standards will outline:

- what the RHOF supports;
- the Governance structure of the RHOF;
- roles and responsibilities under the RHOF; and
- administration of the RHOF.

The RHOF supports a service delivery model that includes a multidisciplinary team based approach in delivering services. Multidisciplinary teams may consist of specialists, allied health professionals, midwives, nurses and general practitioners.

To facilitate opportunities for effective administration and synergies in outreach service delivery, the Medical Outreach Indigenous Chronic Disease Program (MOICDP) will be delivered in parallel with the RHOF. The funding rounds for both the RHOF and the MOICDP will be aligned, and the RHOF and MOICDP will be administered in a consistent and coordinated way to achieve value for money whilst meeting the aims and objectives of both funding streams.

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2. Background

The Rural Health Outreach Fund (the RHOF) provides funding for outreach initiatives aimed at improving access to medical specialists, general practitioners (GPs) and allied and other health providers in regional, rural and remote areas of Australia.

Outreach services supported through the RHOF will improve access to health services for people living in rural, regional and remote Australia by supporting a range of targeted rural health programs and activities. They will link with the broader ongoing health reform agenda to develop an integrated health service where local services and outreach services work together to provide communities with the range of services they need to remain vital and viable.

3. Aims and objectives of the Rural Health Outreach Fund

3.1 Aim

The aim of the RHOF is to improve health outcomes for people living in regional, rural and remote locations by supporting the delivery of outreach health activities.

3.2 Objectives

The RHOF objectives are to:

- provide both public and private outreach health services that address prioritised community needs;
- broaden the range and choice of health services available in regional, rural and remote locations; and
- remove the financial disincentives that create barriers to service provision.

The RHOF will support outreach health activities to address health issues identified in regional, rural and remote locations, including through improved coordination and combination of health activities. Within this broad spectrum, it is acknowledged that there is a need for specific emphasis on the following health priorities:

- maternity and paediatric health;
- eye health;
- mental health; and
- support for chronic disease management, including chronic pain management.

Fundholders will administer the RHOF by supporting the travel, accommodation and other costs associated with health professionals who provide outreach services. The support offered by Fundholders on behalf of the RHOF may extend to backfilling salaried health professionals or providing funding for a locum for private health professionals while they are providing outreach services, thereby reducing the financial disincentives that may otherwise result in a barrier to service delivery by the health professional.

4. Rural Health Outreach Fund Service Eligibility

4.1 What Services are Eligible for Funding?

Outreach health activities that may be supported through the RHOF include:

- Specialist medical services;
- Allied health services;
- Midwife and nursing services;
- Combinations of eligible services (i.e. multidisciplinary teams);
- Outreach GP services, including support for female GPs to provide outreach services to broaden the health service choices available to rural women; and
- Administration and coordination of these services.

The RHOF supports cultural training for outreach service providers and encourages providers to offer upskilling activities at outreach locations.

4.2 Models of Care

A range of flexible service models may be used to meet the aim and objectives of the RHOF:

- Outreach – service provision provided to rural, regional, remote and very remote communities by service providers travelling to these locations from a larger town. This is the preferred model under the RHOF.
- Cluster – service provision to multiple communities from a variety of service providers located in different communities within the cluster. Coordination is paramount in this model to ensure a united approach to care.
- Hub and spoke – service provision provided both in a central town and the service provider(s) travelling to remote communities.

4.3 What Services are Not Eligible for Funding?

Funding is not available to support:

- elective cosmetic surgery;
- stand alone training;
- research activities;
- alternative health services – for example Chinese Medicine, reflexology;
- the purchase of medical equipment; and
- the purchase or leasing of motor vehicle.

Further information on support offered through the RHOF is set out in 8. *Administrative Arrangements*.

4.4 What Locations are Eligible for Rural Health Outreach Fund Services?

The Department of Health uses the Modified Monash Model (MMM) 2019 classification system to determine eligibility for service locations across Australia.

Services supported through the RHOF are delivered in Modified Monash (MM) 3 (large rural towns) to MM 7 (very remote communities). As larger rural towns generally have options to access a wider range of services and fewer barriers to service delivery, the main emphasis of the RHOF is to deliver services in MM 4 (medium rural towns) to MM 7.

There may be exceptions where the Department will consider MM 1-2 (metropolitan areas and regional centres) locations if the location is clearly remote from existing services and infrastructure, or where the delivery of a service in a major city location will enhance service access for eligible communities. *For example: if the necessary equipment for surgery is not available at the outreach location, in exceptional cases the service may be funded for people who live in remote locations to travel to MM 1-2 for the surgery.* Funding for situations such as described in this example will only be considered after all other options have been exhausted.

The map showing the MMM 2019 is available at www.health.gov.au/doctorconnect and may assist to determine the eligibility of a specific location.

5. Governance Structure for the RHOF

5.1 Summary of Governance Structure

The RHOF may have the following Governance structure:

- State and Northern Territory Advisory Fora (*Advisory*); and
- Department of Health.

6. State and Territory Advisory Fora

6.1 Role of the Advisory Forum

The Advisory Forum is a state/territory based committee comprised of a broad range of stakeholders with relevant knowledge and expertise about existing health delivery arrangements in regional, rural and remote locations in the jurisdiction.

The Advisory Forum is a jurisdictionally based consultative mechanism that advises the Fundholder and the Department how best to deploy resources to address the identified priorities of the RHOF in its jurisdiction.

Where a national Fundholder is planning to deliver services for one or more priority areas, Advisory Fora will provide advice to the Department on the planning undertaken and services proposed in each jurisdiction.

The principal role for each Advisory Forum is to evaluate all proposals presented by the Fundholder(s) and endorse those proposals that meet both the priorities of the RHOF and the needs of the proposed locations. Specifically the Advisory Forum is responsible for:

- advising on the appropriate types of services to be delivered;
- advising whether the proposals should be considered for funding for one, two, three or four years;
- considering whether the service delivery plan contains the appropriate mix of team members/health professionals to deliver services that address identified needs;
- advising on the suitability of services being proposed under the RHOF;
- identifying linkages (when appropriate) with the planning mechanisms of other programs to explore possibilities for integrated program implementation;
- reviewing the needs assessment and identification of proposed locations and priority locations completed by the Fundholder, including whether the proposed priority locations have the capacity and infrastructure to support the proposed service; and
- determining gaps in services.

6.2 Terms of Reference for the Advisory Forum

The State/Territory Advisory Forum will:

- analyse and consider the Activity Work Plan completed by the Fundholder and provide impartial advice on which locations should be prioritised for funding;
- evaluate and provide impartial advice to the Department on service proposals received from the Fundholder for funding of services, taking into consideration Fund priorities and identified needs for the relevant State or Territory;
- ensure an appropriate and equitable mix of services is recommended across MM 3-7 so as to target locations and service types where need is greatest; and
- provide advice to the Department on proposals that are worthy for funding in the relevant State or Northern Territory through the RHOF.

6.3 Advisory Forum members

Advisory Forum members should have a range of experiences in the planning and provision of health services and should also have knowledge of the key stakeholders of the RHOF and the key issues that can affect the delivery of effective outreach services in the jurisdiction.

Advisory Forum members must include local medical professionals and representatives from:

- State/Territory health authorities;
- Rural Workforce Agencies;
- Medical colleges or other relevant groups of health practitioners;
- Primary Health Networks;
- Consumer representative;
- Aboriginal and Torres Strait Islander health organisations; and
- local hospitals, community-based services and local communities.

The Advisory Forum will need to include a person with expertise in health service planning.

A representative/s of the Australian Government Department of Health and grant managers from the Community Grants Hub may attend meetings of the Advisory Forum as observers or invited guests of the Fundholder to provide a Commonwealth perspective.

6.4 Administration of the Advisory Forum

Role of the Department

The Department will have regard to the recommendations and advice from the Advisory Forum in coming to decisions about which services to approve. The final decision on all matters relating to the RHOF and eligibility rests with the Department.

It will be the responsibility of the fundholder to advise service providers of the decisions of the Department, including decisions on new services and changes to existing services.

Secretariat

The fundholder for the jurisdiction will take on the responsibilities associated with chairing meetings and providing secretariat services for the Advisory Forum.

Responsibilities associated with the role of the chairperson include:

- directing and facilitating the business of the Advisory Forum, including producing records of meetings;
- chairing all Advisory Forum meetings; and
- ensuring that Advisory Forum related business is completed.

The Secretariat is responsible for organising meetings, taking minutes and completing any follow up activities from the meeting.

Meetings

Meetings of the Advisory Forum will be held as needed. Out-of-session evaluation of proposals may be canvassed as required. Face to face and alternative meeting arrangements, such as by teleconference are acceptable.

Decision making processes

In a situation where local priorities may influence best practice decision making, proposed services should be scored using the RHOF Service Matrix form (Appendix 3). It is noted that services may not be able to be provided to all priority locations identified in the service planning. It is expected that where possible proposals targeting services to priority locations are prioritised over proposals which are not targeted at priority locations.

Where the recommendation of the Advisory Forum is not unanimous, the documentation highlighting the differences of opinion must be presented to the Department with justification for the recommendation.

7. Fundholders

Fundholders is the term given to successful applicants selected from the grant opportunity for the RHOF. Fundholders will be contracted by the Department for the delivery of services for a period as described in the grant opportunity.

Fundholders play a lead role in achieving the aim and objectives of the RHOF. This includes working closely with Advisory Forum and local stakeholders to ensure that the RHOF is an integrated part of health service delivery in the State or the Northern Territory.

Fundholders will be required to undertake detailed needs assessment and planning in consultation with communities and local health organisations, including Primary Health Networks and Jurisdictional Health Departments where they are in place. Based on the outcomes of the planning, Fundholders will develop proposals for service delivery and once proposals are approved, Fundholders are responsible for the delivery of services in accordance with the approved plans.

The needs assessment should be based on local information – for example: population, demographics, local burden of disease, access to appropriate services and identification of gaps. It may also be appropriate to consider issues such as local waiting lists and whether an issue is ongoing or a ‘spike’.

7.1 Jurisdictional Fundholders

Fundholders will have responsibility for delivering outreach services for a specific State or the Northern Territory. It is possible for one Fundholder to be responsible for the delivery of outreach services in more than one jurisdiction.

7.2 National Fundholders

A National Fundholder will have responsibility for delivering all of the outreach services in all States and the Northern Territory or for a particular health priority.

Both National Fundholders and Jurisdictional Fundholders are required to work with the State and Territory Advisory Fora when planning and considering services for approval.

7.3 Fundholder Responsibilities

Fundholders will be required to ensure that adequate personnel are available to provide and maintain the administrative requirements needed to plan, maintain and deliver outreach services through the RHOF in their allocated area of operation. Responsibilities to be managed will include but not be limited to:

- development and implementation of a four year strategic service plan;
- accurate collection, collation and appropriate analysis of data, and provision of this data to the department;
- monitoring, management and fulfilment of all reporting obligations;
- development and application of strategies to recruit and retain health professionals;
- administration of payments to participating health professionals in accordance with services provided;
- verification of service delivery following receipt of invoices;
- communication with members of the medical community and the public to inform them about the RHOF;
- development and implementation of strategies to market and educate the public and the health care sector about the RHOF;
- working with locally based service providers including Primary Health Networks and Local Health Services to ensure details of outreach visits are known, access to services is maximised and barriers to care (e.g. procedures/surgery) are identified and addressed;
- encouraging health professionals to provide culturally appropriate services;
- providing assistance with upskilling sessions to health care professionals as required;
- planning and supporting effective coordination of service delivery at the community level; and
- undertaking other activities necessary for the proper operation of the RHOF.

Improved coordination of services at the location where the service is provided has been identified as a need and will be implemented through the RHOF. Fundholders are expected to access identified local coordination personnel available to enable the visiting services to be as effective as possible.

It is noted that the existing coordinators do not cover all rural and remote areas. To facilitate improved coordination, an allocation has been made under the RHOF to support improved local coordination.

Fundholders are required to participate in State or the Territory Advisory Forum meetings and Fundholder meetings with the Department, unless otherwise negotiated with the Department.

Fundholders must ensure that all service providers engaged to deliver outreach services agree to submit invoices and reports on service delivery within two months of the service being provided.

7.4 Conflict Resolution

In the event of a conflict between the Fundholder and the Department, it is expected that the Fundholder will initiate actions to negotiate a suitable resolution between the parties concerned.

Where the conflict is between the Fundholder and a service provider, the Department may provide mediation where the parties have not been able to resolve the issue.

7.5 Service Period

All medical outreach services supported under the RHOF will be reviewed annually by the Fundholder and the Advisory Forum to ensure that the service continues to meet the needs of the community and the RHOF. A service not fulfilling the requirements of the RHOF may be reconsidered and funding may be allocated to an alternative area of need in the relevant region.

7.6 RHOF Department of Health Contacts

Address: GPO Box 9848 in your capital city.

Email: RHOF@health.gov.au

8. Administrative Arrangements

8.1 Service Delivery Plan

Following a grant opportunity process, the successful applicants will be offered up to a four year grant agreement to take on the role of Fundholder.

At the beginning of the grant agreement period, a service delivery plan for the period of the grant agreement that has been endorsed by the appropriate Advisory Forum will be considered by the Department for approval. The service delivery plan will contain:

1. Services to be provided for the period of the grant agreement;
2. Annual services - Services provided initially for one year and then reviewed before the next year's annual services are agreed; and
3. Reserve services - Pre-approved services that can be activated if needed during the period.

The service delivery plan will be reviewed annually with services added or removed in line with changing priorities and community need.

It can be expected that during the period of the funding agreement:

- the need in the community for an identified service could change;
- the priorities of the RHOF may change;
- a service could become self-sustaining from a commercial perspective and would no longer require support from the RHOF; and/or
- a service provider may no longer wish to continue providing outreach services.

In any circumstance, or the one's described above, the continuation of funding for a service is not guaranteed and the department retains the right to terminate any service.

Any changes to the approved service delivery plan must be endorsed by the relevant State/Territory Advisory Forum. A change to service frequency or provider does not require Advisory Forum endorsement; however it should be noted for advice at the next Advisory Forum meeting.

Any changes to the approved service delivery plan, including if a service from the reserve list is activated, must be documented in reporting deliverables and only require prior Departmental approval where MM 1-2 locations are proposed.

When developing the service delivery plan, Fundholders must consider the needs assessment information and then apply the assessment criteria below to determine which locations and services types will be considered a priority. These priority locations and services will then be recommended to the State or Territory Advisory Forum for endorsement.

8.2 Assessing the Service Delivery Plan

The assessment criteria used to select services are as follows:

- is the service in line with the priorities of the RHOF;
- the level of community need for the service;
- is there an appropriate mix of services across the regions, and particularly in more remote locations;
- the current level of service in the region;
- the capacity of the local workforce and infrastructure to support the service;
- are there linkages with other State, Northern Territory or Australian Government health programs;
- the cultural appropriateness of the service;
- availability of funding to support the service; and
- does the service provide value for money.

8.3 Annual Service Planning

Fundholders will be responsible for completing a needs assessment for their jurisdiction(s) early in each calendar year to determine the level of community need for services for the following financial year. In developing the needs assessment, the Fundholder will consult broadly with health organisations, including Primary Health Networks, Jurisdictional Health Departments and relevant Aboriginal and Torres Strait Islander health organisations in their jurisdiction to ensure the data accurately reflects need.

The needs assessment information will be provided to the State or Northern Territory Advisory Forum for consideration in line with the priorities of the RHOF.

Following consideration by the Advisory Forum, the needs assessment will be provided to the Department for approval.

8.4 Who Can Propose a Service?

Any interested party can submit a service proposal application to the appropriate Fundholder for their consideration. Once service applications are received they will be assessed by the State or Territory Advisory Forum, where it exists to determine if the proposal meets eligibility criteria prior to being considered by the Department for approval.

For a service to be eligible for funding it must be for a location in MM 3-7 that has been identified by the Fundholder as needing the proposed service, and be provided on an outreach basis by an eligible health professional.

The nominee of the proposal will be advised in writing by the Fundholder of the outcome of their application.

8.5 What Activities/Expenses can the RHOF Support?

The RHOF is able to assist with funding to support new services, as well as to expand established visiting outreach health services. The RHOF cannot be used to pay salaries for health professionals or purchase equipment for use by clinical/allied health professionals without prior written approval from the Department.

8.6 Administrative Support for Visiting Health Professionals

Participating health professionals may receive funding support for administrative costs associated with the delivery of outreach services, such as the organisation of appointments, processing of correspondence and follow up with patients, at the outreach location.

The RHOF may cover the cost of administrative support for up to the same working hours (consultations/treatment time) as those hours undertaken by the visiting specialist. It is recommended that the rate payable for administrative support is equivalent to the hourly rate paid using the Department of Health pay scale at an APS 2 or 3, depending on the complexity of the work. Administrative support staff will not be funded during the time the visiting health professional provides upskilling to local health professionals. .

Any person providing assistance to visiting health professionals is engaged under an arrangement with the Fundholder host service, or visiting service provider, and has no claim as an employee of the Australian Government. The Australian Government will not cover any costs associated with employment and/or termination of administrative support staff.

8.7 Registrars and Technical Staff

Travel costs for registrars who accompany visiting medical professionals in order to gain exposure to rural practice will be supported. Backfilling of the registrar's position will not be paid under the RHOF. Technical staff who travel to the outreach location to assist health professionals will be considered on a case by case basis by the Department. Providing salary for, or backfilling of accompanying technical staff will not be paid. It is preferred that, where possible, staff are recruited locally and upskilled if needed.

8.8 Travel Costs

Private vehicles

The RHOF will cover the cost of travel by the most efficient and cost effective means to and from the outreach service location. This may include commercial air, bus or train fares, charter flights, and/or expenses associated with the use of a private vehicle as per the national rates accepted by the Australian Taxation Office (ATO). Flights will be costed at the economy class level. Other incidental costs such as fuel for hire cars, parking and taxi fares may also be covered in line with accepted ATO rates. The ATO rates can be found on ATO website.

Hire car

If road travel is the most cost effective option, the visiting health professional may elect to travel to/from the outreach location by a self-drive hire car. The Fundholder will arrange the booking and payment of the hire car. Fuel allowances payable for a hire car are outlined on the ATO website via www.ato.gov.au. Parking and taxi fares are paid on a cost recovery basis only.

Use of private aircraft will be considered, however if a commercial flight services the location, reimbursement will be capped at the economy flight cost.

8.9 Accommodation

Accommodation will be paid in accordance with the rates which are published by the Australian Taxation Office determination 2019/11 (TD2019/11) including any future amendments made to this determination. For the purpose of the program the accommodation rates may be paid in accordance with Table four of TD2019/11: High cost country centres – accommodation expenses. However, as accommodation in some locations may be more expensive due to seasonal variations, or suitable accommodation is scarce, consideration will be given to paying higher rates on a case by case basis. TD2019/11 can be accessed via the ATO website.

8.10 Meals and Incidentals

Meals and incidentals for visiting health professionals and approved accompanying staff may be paid in accordance with Table four of TD2019/11. The rates in Table four for meals and incidentals for high cost centres will be used as the rates which may be paid under the RHOF.

Please note the incidental allowance payments are only payable for the second and any subsequent days of a visit at the outreach location. Breakfast on the first day and dinner on the last day of outreach visits are not payable. The meals and incidental allowances payable under TD2019/11 can be accessed via the ATO website.

8.11 Equipment Lease/Purchase

Under the RHOF, consideration may be given to assisting with equipment lease arrangements. Any financial assistance for the lease of equipment must be approved by the Department. All lease quotes must include budget for replacement parts and maintenance to ensure equipment meets required standards. The period of the lease may not exceed the end date of the contract the Fundholder has with the health professional.

The RHOF will not cover the purchase of equipment for use by health professionals on outreach visits.

The RHOF may assist with the cost of transportation of equipment (on commercial transport) for use by the health professionals in delivering approved services.

8.12 Motor Vehicle Lease/Purchase

The RHOF will not cover the purchase/lease of motor vehicles for use by health professionals on outreach visits.

8.13 Facility Fees

Fees incurred in hiring appropriate venues or facilities to support either outreach service provision or upskilling activities will be paid as appropriate. The suggested maximum facility fee payable for any venue is \$200 per day (GST exclusive). However, suitable facilities in some locations may be more expensive due to seasonal variations, or availability, consideration will be given to paying higher rates of up to \$400 per day (GST exclusive) on a case by case basis.

8.14 Cultural Training and Familiarisation

In recognition of the diverse cultural environments in which visiting health professionals may be required to work, the RHOF may provide funding for cultural training and familiarisation for health professionals who provide outreach services. The method of delivery is flexible and may take the form of:

- formal cultural awareness course provided by facilitators/presenters; and/or
- self-learning cultural awareness education program.

Non-salaried private health professionals providing outreach services under the RHOF may claim Absence from Practice Allowance for the time they attend cultural training and familiarisation.

8.15 Absence from Practice Allowance

An Absence from Practice Allowance is payable to non-salaried private health professionals and accompanying registrars to compensate for loss of business opportunity due to the time spent travelling to and from a location where they are delivering an outreach service and/or upskilling.

The hourly rate payable for the absence from practice is consistent with the fee-for-service hourly rates paid by the relevant State/Northern Territory government, area health service or local hospital (depending on the organisational level at which these payments are established in the State/Northern Territory).

8.16 Workforce Support

Under exceptional circumstances, financial support (at sessional rates) may be available to private health professionals who provide outreach in MM 6 (remote) and MM 7 (very remote) to mainly Indigenous communities.

A workforce support payment may be paid in circumstances where:

- access to Medical Benefits Schedule (MBS) payments are not assured; and/or
- patient compliance with appointments is uncertain.

Medical professionals who receive a workforce support payment are also eligible to receive payments such as the Absence from Practice Allowance.

Workforce support payments will be considered on a case by case basis only. Prior to making any decision in relation to a workforce support payment, the Department will take into account the comments and recommendations from the relevant State/Territory Advisory Forum. The Department's decision in relation to these payments will be final.

Visiting health professionals, who accept a workforce support payment, will be precluded from claiming MBS payment for the delivery of services to the designated outreach location(s).

8.17 Backfilling for Salaried Health Professionals / Locum Support

The RHOF will cover the salary costs of backfilling salaried medical staff who provide approved outreach services. Any claims made against the MBS by salaried health professionals for outreach services supported under the RHOF would render void any claim to cover backfilling costs.

Salary costs of backfilling registrars and/or other accompanying health professionals will not be paid.

Additionally the RHOF will provide funding for a locum for private health professionals to cover their travel, accommodation and incidental costs. Salary costs for locum support will not be paid.

8.18 Upskilling

Upskilling is **not** a requirement of health professionals providing outreach services; however, they may wish to provide educational and upskilling activities, of either a theoretical or clinical nature, to local medical practitioners and health professionals aimed at:

- developing or enhancing specific skills;
- sharing of knowledge; and/or
- enhancing on-going patient care.

Upskilling activities should take place at the location where an outreach service is being delivered, and should aim to complement existing training arrangements within the area. Funding may be provided for supported procedural and non-procedural upskilling.

Arrangements for formal upskilling activities must be developed in consultation with local medical and health professionals and the specialists providing the service and, therefore, may vary from region to region. Funding provided through the RHOF must not be used for the administration and allocation of points for Continuing Professional Development.

When visiting health professionals provide upskilling to local medical and health professionals and, where appropriate, other members of the public (such as carers), the RHOF may cover the cost of the venue/facility/room hire.

In addition, non-salaried private health professionals may claim an hourly rate which is consistent with the applicable fee-for-service rates for the time required to present the agreed upskilling activity.

Administrative support staff will not be funded to assist with preparation of upskilling materials or during the time the visiting health professional provides upskilling to local health professionals.

Upskilling cannot be supported as a “stand alone” activity under the RHOF.

8.19 Professional Support

For the purposes of the RHOF, professional support means the informal support provided by the visiting health professionals to local medical and health professionals through, for example, lunchtime meetings and/or telephone/email support once the health professional has returned to their principal practice.

Non-salaried private health professionals may claim an hourly rate for providing professional support which is consistent with the fee-for-service rates paid by the relevant state/Northern Territory government, area health service or local hospital (depending on the organisational level at which these payments are established in the state/Northern Territory).

Professional support is **not** a requirement of outreach services provided through the RHOF.

8.20 Care While in Hospital

The provision of hospital services to public patients is the responsibility of state/territory governments under the Australian Health Care Agreements; therefore, the cost of patient care in hospital will not be met through the RHOF.

8.21 Telemedicine and eHealth

The RHOF supports the use of telemedicine services as a supplement to usual face-to-face consultations between patients and health professionals. The RHOF does not support the capital costs associated with the establishment of telemedicine services but may cover costs, such as hire of venue and equipment, associated with consultations using this medium.

Similarly, the RHOF support the use of eHealth initiatives such as the My Health Record (MHR) and access to and use of Video conferencing for patients consultations and to support continuity of care.

Glossary of Terms for the RHOF

These terms provide definition and apply to any document associated with the administration of the RHOF.

Term	Definition
Absence from practice allowance	A payment made to a non-salaried private health professional for the time spent travelling to and from a location where they are providing approved outreach services and/or upskilling.
Administration costs	Payments to cover the costs of administration directly related to the provision of patient services including reception duties, organising appointments, processing of correspondence, typing of referral letters and making hospital bookings etc.
Advisory Forum	State/Territory based committee that provides advice to the Fundholder on how best to deploy resources, determine priorities in project plans, and the suitability of services being proposed for funding under the RHOF.
Backfilling	Short-term relief of a position vacated by a salaried public specialist who is providing approved outreach services.
General Practitioner	A registered medical practitioner who provides non-referred primary care services. May or may not be registered as a specialist general practitioner.
Health professional	A general term for a person with tertiary qualifications in a health related field, eg. medical practitioner, dietician, nurse, pharmacist, physiotherapist, psychologist.
Medical practitioner	A person who is registered in the medical profession under the <i>Health Practitioner Regulation National Law Act 2009</i> .
Modified Monash Model	A classification system that categorises metropolitan, regional, rural and remote areas according to both geographical remoteness and population size. The system was developed to recognise the challenges in attracting health workers to more remote and smaller communities.
Need	Need would include consideration of issues such as the burden of disease, level of disadvantage, services currently available locally, linkages and integration with other services and effect on local planning and initiatives.
Non-operational service	A service is approved and has funding allocated under the RHOF but is awaiting a provider, or has ceased to operate and another provider has not been identified to provide the service.
Operational	A service that is currently being provided or has a health professional contracted to provide the service.

Term	Definition
Outreach service	Where a health professional provides services in a location that is not the location of their principal practice.
Professional support	<p>Informal support provided by the visiting health professional to the general practitioner and/or other local health professionals through, for example, lunchtime meetings and/or telephone/email support once the health professional has returned to their main practice. For example:</p> <ul style="list-style-type: none"> • informal discussions/telephone conversations/meetings with general practitioners for specific patient management; or • general practitioner and specialist see the patient together.
Registrar	Medical registrars are either "basic trainees" or "advanced trainees". Basic trainees have generally completed at least two post-graduate years in hospital practice (usually more), but have not completed any specialty exams. Advanced trainees have completed at least four post-graduate years (usually more), and are undertaking advanced training in general medicine (internal) or in a particular sub-specialty. On the successful completion of their training, they will have met the requirements for fellowship of the relevant specialist college. All registrars require support/supervision from an appropriately qualified supervisor.
Service/location	A single town or community where a health professional provides a consultation.
Session	A period of time, usually 3.5 – 4.0 hours.
Specialist	<p>A medical practitioner who:</p> <ul style="list-style-type: none"> • is registered as a specialist in the medical professions under the <i>Health Practitioner Regulation National Law Act 2009</i>; or • holds fellowship of a recognised specialist college.
Upskilling	<p>Training in a clinical or practical context. Upskilling is provided by the visiting health professional and may be structured or unstructured. Examples:</p> <ul style="list-style-type: none"> • statewide programs for both procedural and non-procedural general practitioners and other health professionals; and • after hours meeting where the health professionals' knowledge is shared with general practitioners, other health professionals and carers/community members where appropriate.

Term	Definition
Visiting Medical Officer	A private medical practitioner appointed by the hospital board to provide medical services for hospital (public) patients on an honorary, sessionally paid or fee for service basis (National Health Data Dictionary, Version 16.2).

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Appendices

Appendix 1: RHOF Service Proposal Form

Rural Health Outreach Fund

Service Proposal Form

Proposed Service ID number				
RHOF Service	MMM classification	<input type="checkbox"/> New Service	<input type="checkbox"/> Variation to a service	<input type="checkbox"/> Extension to a service
Priority if relevant	Paediatrics/ Maternity Services	Chronic Disease	Eye Health	Mental Health
Fundholder Name				
Submission date				
Discipline/s proposed				
Service Provider Identified (health provider name)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Service Provider:	
Cultural Awareness and Safety Training undertaken	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Scheduled / Planned
Location (including state/NT) of proposed service				
Proposed commencement Date				
Service reflects an identified need in the region, from needs assessment?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Service endorsed by the Advisory Forum	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Yet to go to Advisory Forum <input type="checkbox"/>
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Please mark the appropriate box

Confirmation that the health professional has agreed to invoice fundholder within 2 months of service to ensure reimbursement of costs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confirmation that the health professional has agreed to provide the service report to the fundholder identifying patient numbers and upskilling undertaken during the reporting period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confirmation that the health professional is registered or licensed under a law of a State or Territory that provides for the registration or licensing of said health professionals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confirm the individual providing outreach services has appropriate insurance coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Evidence of Need

Why should this service be supported? What services in this discipline are already in the community and/or the region?

Description of Proposal

What will the health professional do? Consultations, procedures or both? Upskilling?

Objectives of the Proposal

Upskilling / training of local health professionals, including GPs, medical, nursing and allied health staff and patients/carers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

How will the service be provided?

frequency of visits	number of visits pa
location (town)/ community:	
Proposed Service Delivery facility required (treatment rooms, etc):	
billing:	
Registrar involvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Involvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Aboriginal and Torres Strait Islander Health Worker Involvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aboriginal and Torres Strait Islander Outreach Worker Involvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Care Coordinator Involvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are funds received for this service from any other source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Cost of the Project [double click on spreadsheet section below to edit]

Service Location						
Health Professional Base Location						
Number of visits per annum						
Number of visits this fy						
Item (ex gst)	Rate	Unit	Quantity	Cost per trip	Annual	
Travel Mode						
Air Fares return		per trip		\$	-	\$ -
Hire Car		per day		\$	-	\$ -
Hire Car Fuel	Insert ATO rate	per km		\$	-	\$ -
Taxi		per trip		\$	-	\$ -
Parking		per trip		\$	-	\$ -
1600cc and under	Insert ATO rate	per km		\$	-	\$ -
1601 to 2600cc	Insert ATO rate	per km		\$	-	\$ -
Above 2600cc	Insert ATO rate	per km		\$	-	\$ -
Subtotal				\$	-	\$ -
Accommodation		per night		\$	-	\$ -
Subtotal				\$	-	\$ -
Meals						
Breakfast	Insert ATO rate	per day		\$	-	\$ -
Lunch	Insert ATO rate	per day		\$	-	\$ -
Dinner	Insert ATO rate	per day		\$	-	\$ -
Incidentals (only payable for second and	Insert ATO rate	per day		\$	-	\$ -
Subtotal				\$	-	\$ -
Administration						
Administrative Support		per day		\$	-	\$ -
Room Hire		per day		\$	-	\$ -
Subtotal				\$	-	\$ -
Absence from Practice Allowance		per hour		\$	-	\$ -
Subtotal				\$	-	\$ -
Backfilling (public spec)		per hour		\$	-	\$ -
Subtotal				\$	-	\$ -
Upskilling expenses						
Upskilling Sessions		per hour		\$	-	\$ -
Professional Support		per hour		\$	-	\$ -
Room Hire		per event		\$	-	\$ -
Subtotal				\$	-	\$ -
Other Expenses						
Equipment Leasing		per day		\$	-	\$ -
Workforce support		per day		\$	-	\$ -
Case Conferencing (list all participants)		per conference		\$	-	\$ -
				\$	-	\$ -
				\$	-	\$ -
Total				\$	-	\$ -

Appendix 2: Deed of Confidentiality and Conflict of Interest

Rural Health outreach fund – [STATE/NORTHERN TERRITORY] advisory FORUM

THIS DEED is made theday of20__

between

THE COMMONWEALTH OF AUSTRALIA ('The Commonwealth') as represented by the Department of Health ('the Department') ABN 83 605 426 759

and

..... ('the Member' or 'Proxy')

WHEREAS

- A. A Committee has been established by the Commonwealth for the purpose of the Rural Health Outreach Fund to provide advice and recommendations to the Commonwealth regarding the delivery of outreach health services to people living and working in rural and remote communities ('the Committee').
- B. The Commonwealth has appointed the Member or Proxy as a Member of the Committee.
- C. The Commonwealth requires the Member or Proxy to
 - (1) preserve and maintain the confidentiality of information to which the Member or Proxy will have access by virtue of their appointment to the Committee;
 - (2) undertake certain actions in relation to any conflict of interest, and
 - (3) indemnify the Commonwealth against loss or damage arising out of a breach of this Deed by the Member or Proxy.

NOW IT IS HEREBY AGREED AS FOLLOWS:

1. INTERPRETATION

1.1 In this Deed unless the contrary intention appears:

'**Confidential Information**' means all information made available to the Member by the Commonwealth for the purposes of the Committee, whether orally or in writing, or by any other means whatsoever, and includes information that:

- (a) is by its nature confidential; or
- (b) is designated by the Commonwealth as confidential; or
- (c) the Member knows or ought to know is confidential;

but does not include information which:

- (d) is or becomes public knowledge other than by breach of this Deed or by any other unlawful means;

- (e) is in the possession of the Member without restriction in relation to disclosure before the date of receipt from the Commonwealth; or
- (f) has been independently developed or acquired by the Member;

‘Conflict’ includes any conflict of interest, any risk of a conflict of interest and any apparent conflict of interest arising through the Member engaging in any activity or obtaining any interest that is likely to conflict with or restrict the Member in performing the work of the Committee fairly and independently;

‘Member’ includes a Proxy for the Member;

- 1.2 No variation of this Deed is binding unless it is agreed in writing between the parties.
- 1.3 Any reading down or severance of a particular provision does not affect the other provisions of this Deed.
- 1.4 The laws of the Australian Capital Territory apply to this Deed. The parties agree to submit to the non-exclusive jurisdiction of the courts of the Australian Capital Territory in respect of any dispute under this Deed.

2. PROTECTION OF CONFIDENTIAL INFORMATION

- 2.1 The Member must not disclose Confidential Information to any person other than current members of the Committee, without prior approval in writing from the Department. In giving written approval the Department may impose such terms and conditions as it thinks fit.
- 2.2 The Member shall not use any Confidential Information except for the purpose of fulfilling their duties as a member of the Committee.
- 2.3 The obligations on the Member under this clause 2 will not be breached if the Confidential Information is required by law to be disclosed.
- 2.4 Property in any copy of Confidential Information (in the form of a document, article or removable medium) vests or will vest in the Commonwealth. The Member shall:
 - (a) secure all copies within their control against loss and unauthorised use or disclosure; and
 - (b) on the expiration or termination of their appointment to the Committee, deliver all copies to the Commonwealth, or otherwise deal with all copies as directed by the Commonwealth.
- 2.5 The Commonwealth gives no undertaking to treat the Member’s information, or this Deed, as confidential. The Member acknowledges that the Commonwealth may disclose information relevant to this Deed, or this Deed itself, to any person:
 - (a) to the extent required by law or by a lawful requirement of any government or governmental body, authority or agency;

- (b) if required in connection with legal proceedings;
- (c) for public accountability reasons, including a request for information by parliament or a parliamentary committee or a Commonwealth Minister;
- (d) for any other requirements of the Commonwealth.

2.6 The operation of this clause 2 survives the expiration or termination of the Member's appointment.

3. CONFLICT OF INTEREST

3.1 The Member warrants that, to the best of their knowledge and after making diligent inquiry, at the date of signing this Deed, no Conflict of interests exists or is likely to arise in the performance of the Member's duties as a member of the Committee.

3.2 If, during the period of the Member's appointment to the Committee, a Conflict arises in respect of the Member, the Member must:

- (a) immediately notify the Department in writing of that Conflict making a full disclosure of all information relating to the Conflict; and;
- (b) take such steps as the Department may reasonably require to resolve or otherwise deal with the conflict.

3.3 If the Member fails to notify the Department of a Conflict or is unable or unwilling to resolve or deal with the Conflict as required by the Department, the Department may terminate the Member's appointment to the Committee.

4. INDEMNITY

4.1 The Member shall indemnify the Commonwealth, its officers, employees and agents ('those indemnified') from and against all actions, claims, demands, costs and expenses (including the costs of defending or settling any action, claim or demand) made, sustained, brought or prosecuted against those indemnified in any manner based on any loss or damage to any person or loss or damage to property which may arise as a result of a breach of this Deed by the Member.

4.2 The Member agrees that the Commonwealth will be taken to be acting as agent or trustee for and on behalf of those indemnified from time to time.

4.3 The indemnity referred to in this clause 4 survives the expiration or termination of the Member's appointment.

Executed as a Deed

By and on behalf of **THE COMMONWEALTH**

OF AUSTRALIA acting through the Department of Health ABN 83 605 426 759 by:

Name of Delegate

Signature

Position of Delegate

in the presence of:

Name of Witness

Signature of Witness

By the **Member** or **Proxy**

Name of Member or Proxy

Signature of Member or Proxy

in the presence of:

Name of Witness

Signature of Witness

Appendix 3: The RHOF Service Matrix

Fundholder:.....State/Territory:.....

Service Proposed:.....

Date of Consideration:.....

Score Recommendation: **Service Supported / Not supported**

	Criterion	Score	5 Excellent	4 Very Good	3 Acceptable	2 Marginal	0 Not acceptable
1	Is identified as of high medical need in the community		High need	Medium to high need	Medium to low need	Low need	Not required
2	Local workforce and facilities can support any treatment performed / provided		Highly supported	Mostly able to be supported	Some capacity to be supported	Low capacity to be supported	Not able to be supported
3	Increases access to health professionals for local and regional residents		Maximum increase in access	High increase in access	Medium increase in access	Some increase in access	Small increase in access
4	Has linkages with other State/ NT and Australian Government health service Programs in the region		Multiple linkages	Many linkages	Some linkages	Few linkages	No linkages
5	Service provider identified		Provider identified and agreed to commence	Provider approached	Provider targeted	Search commenced	No search commenced
6	<u>Support</u> from all medical professionals in the region		Fully supported	Mostly supported	Under negotiation	Not really supported	No Support apparent
7	Provider has <u>capacity</u> to meet the requirements of the RHOF		Full Capacity	Full capacity but may need assistance	Some capacity	Partial capacity	No capacity
8	Provides value for money		Outstanding in all respects	Well met and has additional factors that set it apart	Well met	Partially met	Not met
	Total						

Rating Scale for use by Forum Groups for consideration of funding for services under the Fund.

Scale	Description
32-40	Fully supported The proposed service has been completely and thoroughly considered and is able to meet to all the criterion and is sustainable in the long term
24-31	Supported This service has been identified as of need but potentially does not have the necessary support in the region for sustainability.
16-23	Partially supported Could be considered at a later date. This service only partially meets key criteria and until it is further refined and linked with other health strategies it could not be supported by health services in the region.
0 -15	Not supported This services is unable to meet the necessary requirements and is not of identified need by either the community or the State health strategies.

Definitions:

Support – Confirmed consultation with all local resident general practitioners, specialists, hospital administrators, and other health professionals that might be impacted on by the additional visits from the Health Professional.

Capacity – The health professional has considered all the ramifications of providing this service in addition to his/her usual practice such as:

- timely reporting;
- invoices; and
- routine patient correspondence.