Australian Government

Department of Health and Ageing

Medical Outreach - Indigenous Chronic Disease Program

Service Delivery Standards

Rural and Regional Health Australia

1. FOREWORD

Following a review of administrative arrangements in the Health and Ageing portfolio, the Australian Government announced in the 2011-12 Budget that it will establish the Aboriginal and Torres Strait Islander Chronic Disease Fund (the Fund).

The Fund consolidates the activities of 16 existing outreach programs, including the majority of initiatives under the Australian Government's Indigenous Chronic Disease Package into a single Program. The Medical Specialist Outreach Assistance Program – Indigenous Chronic Disease (MSOAP-ICD) and the Urban Medical Specialist Outreach Assistance Program (USOAP) are two of the 16 existing programs within the Fund that will be combined to form the Medical Outreach - Indigenous Chronic Disease Program (MOICDP).

All organisations supported by the Department of Health and Ageing through the Fund will be required to meet the terms and conditions outlined in the Fund guidelines, their individual funding agreement and its' schedules and this document – the Service Delivery Standards.

The Department is looking to ensure that organisations supported through the Fund as part of the MOICDP are accountable, providing quality services and making 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 for the delivery of the most efficient and effective services for each jurisdiction within the limited funding available.

Overall these service delivery standards will outline:

- What the MOICDP supports;
- The Governance structure of the MOICDP;
- Roles and responsibilities under the MOICDP; and
- Administration of the MOICDP.

The MOICDP supports a service delivery model that includes a multidisciplinary team approach in delivering services. Multi-disciplinary teams may consist of specialists, allied health professionals and general practitioners and other health providers.

The MOICDP will be delivered in parallel with and supplements activities under the Department's Rural Health Outreach Fund (RHOF). The RHOF is the consolidation of five existing rural health outreach programs to provide a larger, flexible funding pool for 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.
The five programs that form the RHOF are:

1. Medical Specialist Outreach Assistance Program (MSOAP);
2. MSOAP - Maternity Services;
3. MSOAP - Ophthalmology;
4. National Rural and Remote Health Program – Kimberley Paediatric Outreach Program; and
5. Rural Women's GP Service program.

The competitive funding rounds for both the MOICDP and the RHOF will be open and close at the same time, with applicant's being considered to deliver services for both the RHOF and the MOICDP either for the specific State or the Territory or on a National basis. The RHOF and the 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.

Table of Contents

2. Background

The Medical Outreach Indigenous Chronic Disease Program (MOICDP) is the consolidation of two Indigenous Chronic Disease focused programs. This consolidation will provide a larger, flexible funding pool for initiatives aimed at improving access to medical specialists, general practitioners (GPs) and allied and other health providers across Australia.

The two programs that form the MOICDP are:

1. Medical Specialist Outreach Assistance Program –Indigenous Chronic Disease (MSOAP-ICD); and
2. Urban Specialist Outreach Assistance Program (USOAP).

The MOICDP will build on the foundations for these two existing programs, whilst bringing the USOAP funding model inline with the MSOAP-ICD to include a multidisciplinary team approach to deliver outreach services. It extends the delivery of services to Indigenous Australians but does not replace or substitute for services under the MSOAP. Funding supplements the delivery of outreach services to Aboriginal and Torres Strait islander people recognising the higher burden of disease among Indigenous people and overall poorer health status.

Outreach services supported through the MOICDP will improve access to health services for people living in urban, 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 healthy.

Through an open, competitive funding round, the MOICDP will seek organisations to auspice the planning, management and delivery of outreach services. The successful organisations will be offered three year contracts to be Fundholders under the MOICDP. Competitive rounds may be held every three years. Highly performing fundholders may be considered for contract extensions of up to three years.

3. Aims and objectives of the MOICDP.

3.1 Aim

The aim of the MOICDP is to increase access to a range of health services, including expanded primary health for Indigenous people in the treatment and management of chronic diseases.

The MOICDP will focus service delivery on the following chronic conditions:

- Diabetes;
- Cardiovascular disease;
- Chronic respiratory disease;
- Chronic renal (kidney) disease; and
- Cancer.

Chronic diseases outside of these five will be considered on a case by case basis by the Department.

3.2 Objectives

The objectives of the MOICDP are to:

- increase access to multidisciplinary care in primary health care settings; and
- increase the range of services offered by visiting health professionals to prevent, detect and manage chronic disease more effectively;

To meet these objectives the Fundholder would need to:

- enhance coordination of services;
- establish new and expand existing outreach services that focus primarily on management of chronic disease for Indigenous Australians;
- provide services based on locations of greatest need and service types of greatest need;
- undertake effective health service planning;
- foster the collaboration between health services in the local Indigenous community and visiting health professionals to target the delivery of essential treatment to Aboriginal and Torres Strait Islander patients with chronic disease;
- support health professionals to provide culturally sensitive care to Aboriginal and Torres Strait Islander peoples to improve ongoing management and continuity of Aboriginal and Torres Strait Islander patient care;
- provide up-skilling opportunities in the outreach location;
- reduce / remove the financial disincentives that create barriers to service provision to Aboriginal and Torres Strait Islander people; and
- work with Indigenous communities to build knowledge and support informed self-care.

4. Medical Outreach - Indigenous Chronic Disease Program Service Eligibility

4.1 What services are eligible for funding?

The MOICDP supports outreach services provided by the following health professionals:

- Specialist medical services;
- Allied health professionals;
- Nursing services;
- Combinations of eligible services (i.e. multidisciplinary team);
- Outreach GP services;

Funding is also available for:

- Coordination and administration of these services;
- Cultural awareness and safety training for participating service providers;
- Upskilling / training;
- Professional support that is associated with outreach services; and
- Program administration costs for the successful Applicant/s.

Services to be Provided

The MOICDP measure will build on existing MSOAP-ICD and USOAP services and establish new services with a focus on diabetes, cardiovascular disease, chronic respiratory disease, chronic renal disease and/or cancer. Services are to focus on the prevention, detection, and management of these complex and chronic conditions in Aboriginal and Torres Strait Islander people in urban, rural, regional, remote and very remote communities. Services need to be provided based on locations of greatest need and service types of greatest need. Effective health service planning is required to ensure the objectives of the program are met.

Services funded under this measure should complement services provided by state and territory governments or other providers/funders.

Preventative health services provided by allied health professionals are eligible for support under the MOICDP following referral by a medical specialist or primary health care service provider. For example, exercise physiologists and health educators could engage with, and provide education in, Aboriginal and Torres Strait Islander communities to address risk factors associated with diabetes, cardiovascular disease, chronic respiratory disease, chronic renal disease and/or cancer.

Under the MOICDP, a Service is defined as a health professional (i.e. any individual medical specialist, GP, nurse and/or allied health professional) visiting and providing a health consultation at an approved location.

Models of Care

A range of flexible service delivery models may be used under this measure to meet the aim and objectives of the MOICDP.

Outreach: service provision provided to urban, 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 MOICDP.

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.

The MOICDP focuses on a team approach to health care. However, it may not be necessary or possible for team members to deliver an outreach service at the same time. Therefore, issues relating to the coordination and continuity of care of patients, sequencing of visits, managing the impact on the community and costs related to travel should be considered when planning services to these communities.

The multidisciplinary approach of this measure requires a case management and coordination function.

Health Professionals Supported by Program

The multidisciplinary teams to be funded under the Program may include medical specialists, GPs, nurses and allied health professionals. A definition of medical specialists, GPs, nurses and allied health professionals is included in the glossary (see Section 7).

The composition of multidisciplinary teams will vary depending on the health and treatment needs of communities and individual patients. In some instances the team may include a medical specialist who is accompanied by relevant allied health professionals (e.g. an endocrinologist with a podiatrist and/or diabetic educator). On other occasions it may be a combination of a GP and/or allied health professionals, or a medical specialist, GP and/or allied health professionals, or it may be allied health professionals alone.

In negotiating with health professionals the fundholder must ensure that those professionals who will be relying on Medicare billing have the appropriate registration to enable them to access MBS.

Any health professional or appropriate support and/or supplementary staff relevant to the chronic diseases targeted will be eligible for support under the MOICDP.

The following criteria would need to be met by health professionals through the MOICDP:

- have appropriate skills and a clearly defined role relevant to the treatment and management of the chronic diseases identified for this measure;
- are appropriately qualified, registered and/or licensed and adequately insured to practice in their profession both individually and in their area of speciality if appropriate;
- have undertaken cultural awareness and safety training as specified below; and
- will provide services that are directly related to patient management and not for research or other purposes.

All services must be delivered by appropriately trained, qualified, registered and insured health professionals. Health professionals such as:

- Allied health professionals supported under the MOICDP must hold recognised educational and/or vocational qualifications specific to the position for, or jurisdiction, in which they are employed.
- General Practitioners supported under the MOICDP must be a person registered or licensed as a medical practitioner under a law of a State or Territory.
- Medical specialists supported under the MOICDP must be a person registered as a specialist under State or Territory law.
- Registered nurses supported under the MOICDP must be registered under a law of a state or territory (other than South Australia) as a general nurse or registered under a law in South Australia as a nurse.
- A registered nurse with a specialist role is defined as a nurse who holds appropriate tertiary or vocational qualifications or is employed in that specialist area.
- Enrolled nurses supported under the MOICDP must be registered by the nursing/midwifery registration board in each state and territory.
- Aboriginal and Torres Strait Islander Health Workers/Health Practitioners participating in the MOICDP must have the appropriate qualifications recognised in their state and territory jurisdictions.

Cultural Awareness and Safety Training
All health professionals providing services through the MOICDP must demonstrate that they have undertaken appropriate Cultural Awareness and Safety Training prior to commencing service delivery.

The fundholder will be responsible for verifying and/or arranging this training.

Should a member of a team need to undertake Cultural Awareness and Safety Training, the MOICDP will support training costs.

Non-salaried private outreach service providers may claim absence from practice allowance benefits for the time they attend Cultural Awareness and Safety training.

Any attending health students will need to demonstrate they have undertaken or participated in Cultural Awareness and Safety training prior to participating in outreach visits.

Orientation to the Outreach Location
Travel and absence from practice payment will be available for up to four hours orientation. Orientation visits to each new location for each new health provider (excluding students) can be supported under the MOICDP and would include a briefing on specific Cultural Awareness and Safety training issues specific to the community.

4.2 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 etc;

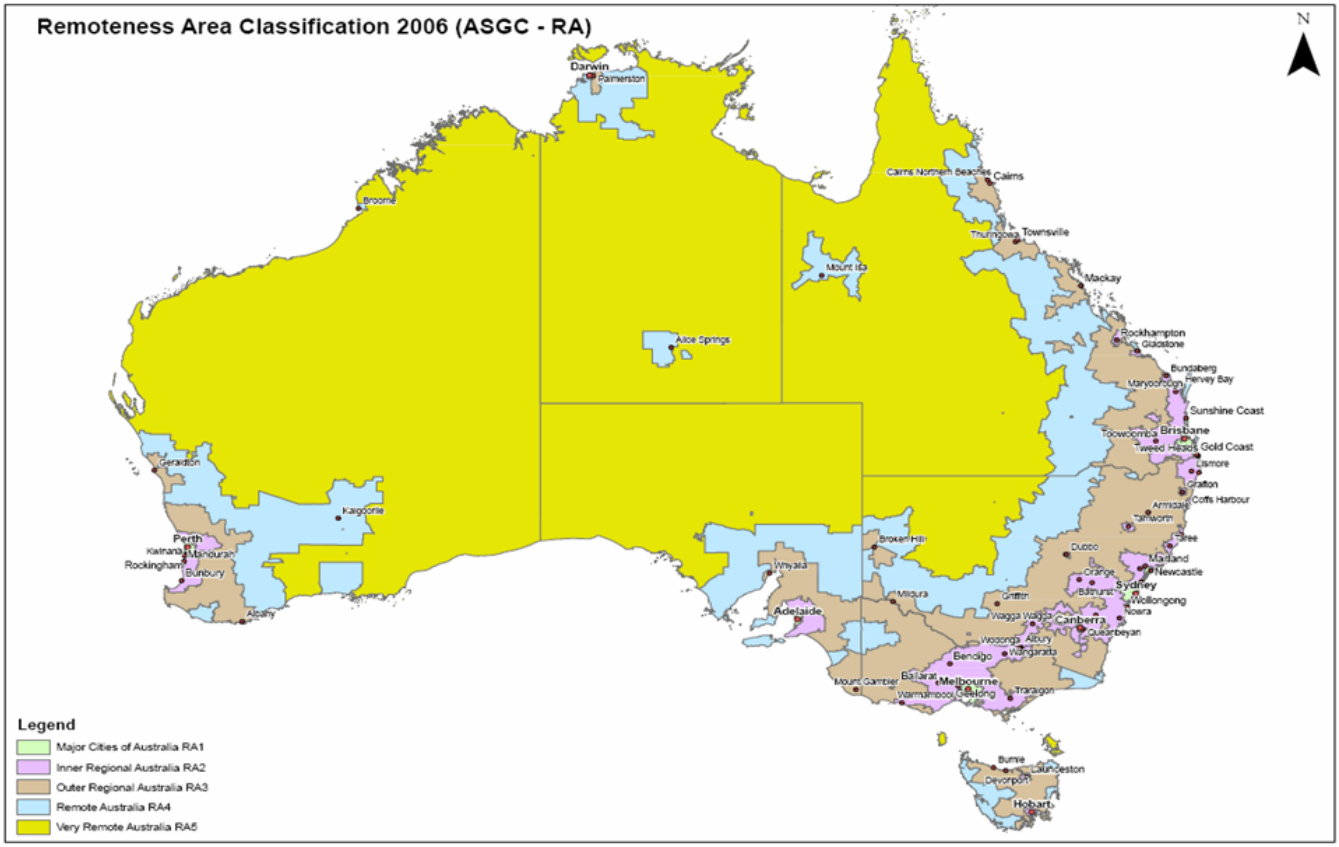
- capital expenditure for health service delivery;
- purchase of medical equipment;
- purchase or leasing of motor vehicle;
- salaries for health professionals; and
- hospital services.

4.3 What Locations are Eligible for the MOICDP services?

The Department of Health and Ageing uses the Australian Standard Geographical Classification Remoteness Areas (ASGC-RA) classification system to determine eligibility for service locations across Australia.

Services delivered to Aboriginal and Torres Strait Islander communities in Australian Standard Geographical Classification (ASGC) – Remoteness Areas (RA) 1 (Major Cities) to 5 (Very Remote) are eligible to be supported under this measure.

Below is a map which shows the distribution of the different RA classifications.



The ASGC-RA classification system contains five classifications as follows:
Remoteness Area 1 – Major Cities (Green);
Remoteness Area 2 – Inner Regional (Purple);
Remoteness Area 3 – Outer Regional (Brown);
Remoteness Area 4 – Remote (Blue); and
Remoteness Area 5 – Very Remote (Yellow)

5. Governance Structure for the MOICDP

5.1 Summary of Governance Structure

The MOICDP will have the same governance structure as the RHOF consisting of:

- State and Territory Advisory Fora; and
- Department of Health and Ageing.

6. State and Territory Advisory Fora

6.1 Role of the Advisory Forum

The Advisory Forum is the State/Territory based committee comprised of a broad range of stakeholders with relevant knowledge and expertise about existing health delivery arrangements in urban, 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 MOICDP in its jurisdiction.

Where a national Fundholder is planning to deliver services for one or more priority area, 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 MOICDP 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 if the proposals should be considered for funding for one, two or three years;
- advising if the service delivery plan contains the appropriate mix of team members/health professionals to deliver adequate services that meet the needs of the locations where the services are to be delivered;
- advising on the suitability of services being proposed under the MOICDP;
- identifying linkages with the planning mechanisms of other programs to explore possibilities for integrated program implementation including a focus on linkages with tertiary services;
- 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.

All Applications will be assessed to ensure that they deliver value with public money in line with the Commonwealth Grants Guidelines 2009 – Principle 7 – Achieving Value with Public Money; and determining gaps in services.

6.2 Terms of Reference for the Advisory Forum

The State/Territory Advisory Forum will:

- analyse and consider the annual needs based planning completed by the Fundholder andprovide impartial advice on which locations and service types by location, should be prioritised for the next funding period;
- evaluate and provide impartial advice to the Department on service proposals received from the Fundholder for funding of services, taking into consideration the MOICDP priorities and identified needs for the relevant state or territory;
- ensure an appropriate mix of services is recommended across ASGC-RA 1-5 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 and/or Territory through the MOICDP.

6.3 Advisory Forum Members

Advisory Forum members must be experienced in the provision of health services, should also have knowledge of the key stakeholders of the MOICDP, together with an understanding of the principles of a multidisciplinary team based approach to delivering outreach services in urban, regional, rural and remote locations. Advisory Forum members must include local medical professionals and representatives from:

- the Department of Health and Ageing;
- State/Territory health authorities;
- rural workforce agencies;
- medical colleges;
- Medicare locals;
- 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.

6.4 Administration of the Advisory Forum

Role of the Department

The Department, as represented in each state and territories, will take on the responsibilities associated with the position of Chair and Secretariat of the Advisory Fora (in each jurisdiction). Responsibilities associated with the role of the chairperson include:

- directing and facilitating the business of the Advisory Forum;
- providing a Commonwealth perspective;
- presiding as the chairperson at all Advisory Forum meetings;
- certifying that the meeting occurred, who attended and the meeting duration; and
- ensuring that Advisory Forum related business is completed.

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

Secretariat

All secretariat functions relating to the operation of the Advisory Forum will be the responsibility of the State/Territory office of the Department. The Secretariat is responsible for organising the meeting, taking minutes, and completing any follow up activities from the meeting.

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 in existing services.

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 MOICDP 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. Priority needs to be given to locations and types of service of greatest need.

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 competitive funding round for the MOICDP. Fundholders will be contracted by the Department for the delivery of services for a period of up to three years with the option to extend for an additional of up to three years.

The competitive funding round may identify a single fundholder to deliver all outreach services for each state/ territory. Alternatively the competitive funding round may also identify national fundholders to deliver one or more of the identified priorities at the national level. Where a National Fundholder is delivering specific services, a jurisdictional based fundholder will be contracted in each state and territory to deliver the outreach services not included in the national service delivery contract(s).

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

Fundholders will be required to undertake detailed needs assessment and planning in consultation with communities and local health organisations, including Medicare Locals and Jurisdictional Health Departments where they are in place. Based on the outcomes of the planning, fundholders 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

Jurisdictional Fundholders will have responsibility for delivering outreach services for a specific state /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

National Fundholders will have responsibility for delivering all of the outreach services in all states / territories 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 MOICDP in their allocated area of operation. Responsibilities to be managed will include but not be limited to:

- development and implementation of a three 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 and provide continuity of service providers in each location;
- provide cultural awareness training;
- 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 health professional community and the public to inform them about the MOICDP;
- development and implementation of strategies to market the services and educate the public and the health care sector about the MOICDP;
- working with locally based service providers including Medicare Locals and Local Hospital Networks and local Indigenous 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 upskilling sessions to health care professionals as required;
- undertaking other activities necessary for the proper operation of the MOICDP; and

- planning and supporting effective coordination of service delivery at the community level.

Improved coordination of services at the location where the service is provided has been identified as a need following the Review of MSOAP and will be implemented through the MOICDP. 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 MOICDP to support improved local coordination.

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

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 Periods

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

7.6 MOICDP Department of Health and Ageing Contacts

Address: GPO Box 9848 in your capital city.

Phone:

Central Office	02 6289 1034
Western Australia	08 9346 5438
Northern Territory	08 8919 3435
Queensland	07 3360 2730
New South Wales and Australian Capital Territory	02 9263 3924
Victoria	03 9665 8220
Tasmania	03 6221 1435
South Australia	08 8237 8027

8. Administrative Arrangements

8.1 Service Delivery Plan

Following a competitive funding round, the successful applicants will be offered up to a three year funding agreement to take on the role of Fundholder.

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

1. Services to be provided for the period of the funding 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 MOICDP may change;
- a service could become self-sustaining from a commercial perspective and would no longer require support from the MOICDP; and
- a service provider may no longer wish to continue providing outreach services.

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

Fundholders must seek approval from the Department to:

- commence a new service not detailed in the Approved service delivery plan;
- change the location of a service in the Approved service delivery plan; and
- change a service detailed in the Approved service delivery plan where there is a change in the cost of the service of more than $5,000 (GST exclusive) annually, (any increase in costs must be offset within the Fundholder's annual funding allocation).

Such changes must be endorsed by the relevant State/Territory Advisory Forum prior to seeking written approval from the Department (using the approved service Proposal Form). A change to service frequency or provider does not require Advisory Forum endorsement, but it should be noted for advice at the next Advisory Forum meeting.

Any changes to the approved service delivery plan will need to be approved by the Department. If a service from the reserve list is activated the Fundholders must inform the Advisory Forum and the Department **(the State Advisory Forum is defined at 6.1)**.

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 MOICDP?
- Is there demonstrated community need for the service?
- Is there already a current level of service in the region? How does this proposal address any shortfall or gap?
- What is the capacity of local workforce and infrastructure to support the service?
- Are there linkages with other State, Territory or Australian Government health programs?
- Will the service provider bulk bill, charge fee-for-service or is a workforce support payment being made?
- If bulk billing is not being used, what arrangements are in place to ensure disadvantaged members of the community can access the service?
- Is the service appropriate (including culturally appropriate);
- Is funding available to support the service; and
- Is the service value for money when compared with other potential services.

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 Medicare Locals 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 Territory Advisory Forum for consideration in line with the priorities of the MOICDP.

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 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 ASGC RA1-5 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 MOICDP Support?

The MOICDP is able to assist with funding to support new services, as well as to expand established visiting outreach health services. The MOICDP cannot be used to pay salaries for health professionals or purchase equipment for use by clinical/allied health professionals.

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 MOICDP 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 and Ageing 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. Information on salary scales is available at page 63 at the following link: http://www.health.gov.au/internet/.

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 MOICDP. 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 MOICDP 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 via the following link: http://www.ato.gov.au/businesses/.

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 2012/17 (TD2012/17) including any future amendments made to this determination. For the purpose of the MOICDP the accommodation rates may be paid in accordance with Table four of TD2012/17: 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. TD2012/17 can be accessed via the ATO website at: http://law.ato.gov.au/atolaw/.

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 TD2012/17. 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 MOICDP.

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 TD2012/17 can be accessed via the ATO website at: http://law.ato.gov.au/atolaw/.

8.11 Equipment Lease/Purchase

Under the MOICDP, 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 MOICDP will not cover the purchase of equipment for use by health professionals on outreach visits.

The MOICDP 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 MOICDP will not cover the Lease/Purchase of a Motor Vehicle for use by Health professionals.

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, as suitable facilities in some locations may be more expensive due to seasonal variations, or availability, consideration will be given by the Department to paying higher rates of up to $400 (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 MOICDP 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 MOICDP 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/Territory government, area health service or local hospital (depending on the organisational level at which these payments are established in the State/Territory).

8.16 Workforce Support

Under exceptional circumstances, financial support (at sessional rates) may be available to private health professionals who provide outreach in RA4 (remote) and RA5 (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 by the Department. 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

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

Salary costs of backfilling registrars and/or other accompanying health professionals 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 MOICDP 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 cost of the venue/facility/room hire will be covered.

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 MOICDP.

8.19 Professional Support

For the purposes of the MOICDP, 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/Territory government, area health service or local hospital (depending on the organisational level at which these payments are established in the State/Territory).

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

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 MOICDP.

8.21 Telemedicine and eHealth

The MOICDP supports the use of telemedicine services as a supplement to usual face-to-face consultations between patients and health professionals. The MOICDP 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 MOICDP support the use of eHealth initiatives such as the Personally Controlled eHealth Record (PCEHR) and access to and use of Video conferencing for patients consultations and to support continuity of care.

Glossary of Terms for the MOICDP

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

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.
The Australian Standard Remoteness Areas (ASGC- RA)	Geographical Classification ASGC-RA is a system developed in 2001 by the Australian Bureau of Statistics (ABS) as a statistical geography structure that allows quantitative comparisons between 'city' and 'country' Australia. The purpose of the structure is to classify data from census Collection Districts (CDs) into broad geographical categories, called Remoteness Areas (RAs). The RA categories are defined in terms of 'remoteness' – ie the physical distance of a location from the nearest Urban Centre (access to goods and services) based on population size. A primary advantage of this classification system is that the remoteness structure is updated following each census.
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 MOICDP.
Backfilling:	Short-term relief of a position vacated by a salaried public specialist who is providing approved outreach services.
General Practitioner:	A duly licensed medically qualified person. This term is used interchangeably with Medical Practitioner.
Health professional:	A general term for a person with tertiary qualifications in a health related field, eg. doctor, dietician, nurse, pharmacist, physiotherapist, psychologist.
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 MOICDP 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.
Outreach service:	Where a health professional provides services in a location that is not the location of their principal practice.
Professional support:	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: • 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:	A medical practitioner who: • is registered as a specialist under national law; or • holds a fellowship of a recognised specialist college; or • is considered eligible for recognition as a specialist or consultant physician by a specialist recognition advisory committee.
Upskilling:	Training in a clinical or practical context. Upskilling is provided by the visiting health professional and may be a structured or unstructured. Examples include: • 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.

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 12).

Appendices

Appendix 1: MOICDP Service Proposal Form

Medical Outreach - Indigenous Chronic Disease Program

Service Proposal Form

Proposed Service ID number

MOICDP Service	ASGC-RA score	☐ New Service	☐ Variation to a service	☐ Extension to a service	
Priority if relevant	Diabetes;	Cardiovascular Disease	Chronic Respiratory Disease	Chronic Renal Disease	Cancer
Fundholder Name					
Submission date					
Discipline/s proposed					
Service Provider Identified (health provider name)	☐ Yes ☐ No		Name of Service Provider:		
Cultural Awareness and Safety Training undertaken	☐ Yes		☐ No	☐ Scheduled / Planned	
Location (including State/Territory) of proposed service					
Proposed commencement Date					
Service reflects an identified need in the region, from needs assessment?	☐ Yes		☐ No		
Service endorsed by the Advisory	☐ Yes	☐ No	Yet to go to Advisory		

Forum			Forum ☐

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?	☐ Yes	☐ 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?	☐ Yes	☐ 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?	☐ Yes	☐ No
Confirm the individual providing outreach services has appropriate insurance coverage?	☐ Yes	☐ 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?	☐ Yes	☐ 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?	☐ Yes	☐ No
Student Involvement?	☐ Yes	☐ No
Aboriginal and Torres Strait Islander Health Worker Involvement?	☐ Yes	☐ No
Aboriginal and Torres Strait Islander Outreach Worker Involvement?	☐ Yes	☐ No
Care Coordinator Involvement?	☐ Yes	☐ No
Are funds received for this service from any other source?	☐ Yes	☐ 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

MEDICAL OUTREACH - INDIGENOUS CHRONIC DISEASE PROGRAM – [STATE/TERRITORY ADVISORY FORUM

THIS DEED is made the ……..……day of ……20__

between

THE COMMONWEALTH OF AUSTRALIA ('The Commonwealth') as represented by the Department of Health and Ageing ('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 Medical Outreach – Indigenous Chronic Disease Program to provide advice and recommendations to the Commonwealth regarding the delivery of outreach health services to people living and working in urban, regional, 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 and Ageing 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**

_____ _____

Nameof Member of Proxy *Signature of Member or Proxy*

in the presence of:

_____ _____

Name of Witness *Signature of Witness*

Appendix 3: The MOICDP 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/ territory 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	Support from all medical professionals in the region		Fully supported	Mostly supported	Under negotiation	Not really supported	No Support apparent
7	Provider has capacity to meet the requirements of the MOICDP		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 MOICDP.

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.