

VICOUTREACH ABORIGINAL HEALTH

Service Application Form

The Rural Workforce Agency Victoria (RWAV) is the Victorian fundholder for the Australian Government's Medical Outreach Indigenous Chronic Disease Program. In Victoria, this program is known as VicOutreach Aboriginal Health.

VicOutreach Aboriginal Health supports outreach health professionals to provide services to Aboriginal and Torres Strait Islander communities with the aim of increasing access to a range of health services, including expanded primary health, to treat and manage chronic diseases.

VicOutreach Aboriginal Health supports outreach health activities that focus service delivery on the following chronic conditions:

- Diabetes
- Cardiovascular disease
- Chronic respiratory disease
- Chronic renal (kidney) disease
- Cancer

Medical specialists, general practitioners, allied health providers and other health professionals may apply for funding to provide VicOutreach Aboriginal Health services. Health organisations (e.g. Aboriginal community controlled health services, community health services and general practices) seeking visiting health professionals to expand their service's capacity to treat and manage chronic disease are also welcome to apply.

An application is required for all services seeking VicOutreach Aboriginal Health funding. An application can be submitted to RWAV by either a provider or host of a proposed service at any time throughout the year.

APPLICATION REQUIREMENTS

This application form comprises the following parts, which must all be completed:

- Business and contact details
- Service model
- Visit details
- Accessibility
- Qualifications and declarations



COMPLETING THE APPLICATION FORM

To complete a VicOutreach Aboriginal Health application form:

- Read the Service Delivery Standards, developed by the Australian Government Department of Health, and other background information found at https://www.rwav.com.au/wp-content/uploads/Aboriginal-Health-Delivery-Standards.pdf
- 2. Refer to pages 8–10 of this document for information about eligible services and available payments.
- 3. Either print the application form to complete, or type directly into the PDF document.
- 4. Ensure you have completed all parts of the application form for each proposed service. Incomplete applications will not be considered.
- 5. Submit the form and any accompanying paperwork (as requested in the application form) to RWAV.
- 6. Applications must posted, emailed or faxed to:

Post:	Email (application as attachment):	Fax:
Rural Workforce Agency	moicdp@rwav.com.au	03 9820 0401
Victoria		
Level 6, Tower 4,		
World Trade Centre		
18–38 Siddeley Street		
Melbourne VIC 3005		



NEXT STEPS

Applications for proposed services funded through VicOutreach Aboriginal Health will be assessed and prioritised by RWAV according to the following assessment criteria.

- 1. Service responds to VicOutreach Aboriginal Health priorities.
- **2. Identified as of high need within the community** (e.g. through the needs analysis and regional consultation).
- **3.** Local workforce and facilities can support any treatment performed / provided (e.g. confirmed availability of a local facility to provide service).
- 4. Increases access to health professionals for local and regional residents.
- **5.** Has linkages with other health service programs in the region (e.g. evidence of multiple linkages).
- 6. Value for money.

The VicOutreach Victorian Advisory Forum (VAF) will evaluate all proposals presented by RWAV and endorse those proposals that meet both the VicOutreach Aboriginal Health priorities and the needs of proposed locations. The VAF comprises a broad range of stakeholders with relevant knowledge and expertise about health delivery arrangements in regional, rural and Aboriginal and Torres Strait Islander communities in Victoria.

All endorsed proposals must be approved by the Australian Government Department of Health. Applicants will be notified in writing of the outcome of proposals as soon as RWAV receives confirmation.

Successful applicants will be required to enter into a funding agreement with RWAV.



BUSINESS AND CON	ITACT DETAILS				
Full legal trading name of	f the organisation / bus	iness			
This is the organisation that wi	ill hold the Service Provider Ag	reement with R	WAV		
Organisation legal name:					
Trading as (if applicable):					
ABN:			GST registered:	Yes	No
Phone:		Fax:			
Email:					
Physical address:					
Postal address:					
Authorised representativ	e of the organisation				
This is the representative respon	nsible for signing the Service	Provider Agreen	nent with RWAV (e.g.	Director	or CEO)
First name:		Surname:			
Title:		Position:			
Phone:		Fax:			
Email:					
Postal address:					
Contact person					
This is the person who will provorganisation with which RWAV			These must come fro	m the	
As above					
First name:		Surname:			
Title:		Position:			
Phone:		Fax:			
Email:					
Postal address:					

Rural Workforce Agency - Victoria Level 6, Tower 4 World Trade Centre 18-38 Siddeley Street, Melbourne Vic 3005

T: +61 3 9349 7800

F: +61 3 9820 0401

E: rwav@rwav.com.au

W: rwav.com.au

ABN: 31 081 163 519



CONSENT AND CONFIDENTIALITY

Information provided in this service application form will be used to assess applications for funding and/or support from VicOutreach Aboriginal Health and to undertake RWAV's duties in the administration of VicOutreach Aboriginal Health.

Information provided will be disclosed to the Australian Government Department of Health, the Victorian Advisory Forum and other individuals, agencies or organisations (e.g. local health providers) as required by law or as deemed necessary by RWAV to fulfil its obligations in the administration of VicOutreach Aboriginal Health.

By completing this form and selecting the box below, you are indicating your permission for RWAV to use the information provided as described above.

I have read the above and give consent for the information provided to be used in accordance with these terms.				
Name:	Position:			
Organisation:	Date:			

PLEASE NOTE: In order to process your proposal, RWAV requires all information requested in this form to be provided.

Procedures relating to privacy are set out in a policy statement that can be obtained from the RWAV website: www.rwav.com.au.

If you have any concerns or would like to verify information held about you, please contact the <u>RWAV Privacy Officer</u>.



2.	2. SERVICE MODEL					
Pro	posed service	e priority (sel	ect the area most r	elevant	to your pr	oposed service)
	Diabetes				Chronic ro	enal disease
	Chronic respi	iratory disease	9		Cardiovas	scular disease
	Cancer				Other (ple	ease specify) :
Wh	o will provide	e the service	?			
	e health professi uited/identified.	onals are not ye	et recruited, please lis	t the spe	ecialty/discip	oline required and note that they are not yet
Hea	lth professiona	ıl name(s):				
Spe	cialty / disciplir	ne:				
fron	ere will the pro n to deliver this provider's bas	s service				
Loc	ation of outre	each service				
Tow	n:					
Are	you proposing	to provide ou	treach services to o	ther lo	cations?	
	No Yes (p	lease specify	all):			
Faci	ility where th	is service wi	ll occur (e.g. Abor	iginal he	ealth servio	ce, community health service, GP practice)
Faci	lity type:					
Faci	lity name:					
Faci	lity address:					
Serv	vice descripti	on				
Type of service: Consu		Consultation		Procedural		
			Telemedicine	!		Upskilling local health professionals
			Combination	(please	specify):	
Des	cription of serv	rice:				
How will each health professional travel to the						

Rural Workforce Agency - Victoria Level 6, Tower 4 World Trade Centre 18-38 Siddeley Street, Melbourne Vic 3005

T: +61 3 9349 7800

F: +61 3 9820 0401

E: rwav@rwav.com.au

W: rwav.com.au

ABN: 31 081 163 519



	mmunity and are there links ith other services travelling?				
	ow will patients access the ervice?				
	ow will follow-ups be rovided?				
	ow does this service integrate ith other services?				
lc	/ill there be any upskilling to cal health professionals at ne host location?				
Serv	ice commencement date:				
Nun	nber of visits:	Service commencement to	1 st 0	ct 2017:	
heal each indic	number of occasions that the th provider / team will visit town listed. This is not ative of days per visit. One could take multiple days.				
and	nber of intended sessions patients per outreach visit ession = 3.5 – 4 hours)	Consultation sessions:			Procedural sessions:
Freq	uency of visits for service:	Weekly			Fortnightly
		Monthly			Other:
Wha	at is the community need	for this service?			
	ribe the evidence of need for pr ographic and geographic consid		alterr	native servi	ce location, current waiting time,
Con	nmunity linkages involved	d with visits (if any):			
	Registrar involvement			Student	involvement
Aboriginal and Torres Strait Islander Health Worker involvement				Universi	ty involvement

Rural Workforce Agency - Victoria Level 6, Tower 4 World Trade Centre 18-38 Siddeley Street, Melbourne Vic 3005

T: +61 3 9349 7800

F: +61 3 9820 0401

E: rwav@rwav.com.au

W: rwav.com.au

ABN: 31 081 163 519



Care Co	Care Coordinator involvement		Other involvement (please specify):				
Community	Community support: list three contacts from the local health community who can verify the need for this service.						
Referee:			Telephone:				
Referee:			Telephone:				
Referee:			Telephone:				

3. VISIT DETAILS					
Travel type	Car		Commercial flight		Charter flight
How will the provider travel to the outreach location from their base	Hire car		Taxi		Other:
location?	Further deta	ils (as require	ed):		
Visit length How long will the provider stay in the outreach location each visit?	Number of <u>days</u> spent in the outreach location per visit:		Number of <i>nights</i> for which accommodation is required per outreach visit:		
Upskilling provided (during outreach visit)	Type of upskilling:		Number of hours spent upskilling per outreach visit:		
Professional support provided (between outreach visits)	Type of professional support:		Number of hours spent on professional support between each outreach visit:		
Room hire / facility fee paid to delivery this service:	Yes	No	Amount per day: \$ Comment:		



4. ACC	4. ACCESSIBILITY				
How wil	I this outreach service improve ac	ccessibility for the	local community?		
Will you b	oulk-bill for this service?	Fully	Partly (some patients)	Not at	a
Commen	ts:				
Are you	receiving funds for this service fr	om another source	e?		
No	Yes – please provide deta	nils:			
Are you	able to provide the following to I	RWAV within one	month of service delivery:		
An invoic	e to ensure reimbursement of costs?			Yes	No
A service	report detailing patient numbers and	l upskilling undertake	en in the reporting period?	Yes	No
Cultural	safety and awareness				
Have all h	nealth professionals completed cultur	al safety and awarer	ness training?		
Yes	Please provide details:				
No	Please provide information on how you will meet this requirement:				

5.	5. QUALIFICATIONS AND DECLARATIONS (evidence must accompany this application)				
Ch	Checklist for individual service providers: please attach evidence of the following with your application				
	Professional registration (qualification and accreditation)				
	Professional indemnity				
	Working with Children Check (if applicable)				



	VicOUTREACH Program Matrix			
	VicOutreach Rural Health (Rural Health Outreach Fund)	VicOutreach Aboriginal Health (Medical Outreach – Indigenous Chronic Disease Program)		
Health Priorities	 Maternity and paediatric health Eye health Mental health Support for chronic disease management 	Prevention, detection and management of chronic disease (primary and secondary care). • Diabetes • Cardiovascular disease • Chronic respiratory disease • Chronic renal (kidney) disease • Cancer		
Objectives	 Provide both public and private outreach health services that address prioritised community needs Broaden the range of health services available in regional, rural and remote locations Remove the financial disincentives that create barriers to service provision 	 Increase access to multidisciplinary care in primary health care settings Increase the range of services offered by visiting health professionals to prevent, detect and manage chronic disease more effectively 		
Eligible locations	ASGC RA2–5	ASGC RA1–5		
Eligible health services	 Specialist medical services Allied health services Nursing services Combinations of eligible services (i.e. multidisciplinary teams) Outreach GP services Midwifery services (VicOutreach Aboriginal Health only) Coordination and administration of these services 			
Other eligible services	 Cultural awareness and safety training for participating service providers Upskilling / training (not be supported as a stand alone activity) 			

Rural Workforce Agency - Victoria Level 6, Tower 4 World Trade Centre 18-38 Siddeley Street, Melbourne Vic 3005

T: +61 3 9349 7800 F: +61 3 9820 0401 E: rwav@rwav.com.au W: rwav.com.au ABN: 31 081 163 519

RWAV | 05 2016 | 02 | 057.1 Page 10 of 12



	 Professional support that is associated with outreach services Program administration costs 		
Service delivery models	Outreach: service provision provided to communities by service providers travel Cluster: service is provided to multiple communities from a variety of service pro critical to ensure a united approach to care. Hub and spoke: service is provided both in a central town and the service provided.	oviders located in different commu	nities within the cluster. Coordination is
Consolidated programs	MSOAP – Core, Ophthalmology expansion, Maternity services expansion	 Medical Specialist Outreach Disease (MSOAP-ICD) Urban Specialist Outreach A 	Assistance Program –Indigenous Chronic ssistance Program (USOAP).
Support payments (both p	programs)		
	Included		Excluded
Travel, accommodation, meals and incidental costs	 Cost of most efficient and cost-effective mode including private vehicle expenses, hire car and commercial economy air, bus, train. ATO rates apply. Travel costs for registrars accompanying visiting medical professionals. Travel costs for technical staff will be considered on a case-by-case basis. 		 Lease or purchase of vehicle Breakfast on the first day of the visit and dinner on the last day
Administrative support	 Administrative costs associated with the delivery of outreach services such as the organisation of appointments, pathology, processing of correspondence and follow up with patients. Up to the same working time as the consult/treatment time of the visiting specialist. Funding for 1 service per day/per team at \$75 per half day (one session) or \$150 per full day (two sessions) 		 Support during upskilling Travel, meals or accommodation for administrative staff
Service coordination	For the service hosting a visiting team to ensure that team members have a on each patient's records on arrival at each outreach location and to coord	•	

RWAV | 05 2016 | 02 | 057.1



(host facility)	 Funding is at a rate according to the position of the coordinator and the complexity of the service visit (maximum \$200 per session), 	
Room hire	For both service delivery and upskilling	
	Maximum facility fee payable for any venue is \$200 per day (ex. GST).	
Equipment lease	• Leasing (must be approved by the Department of Health) and transportation costs of equipment on commercial transport. Must include budget for replacement parts and maintenance. The period of least may not exceed the end date of the contract between the provider and RWAV.	Purchase of equipment
Telemedicine / ehealth	Hire of venue and equipment associated with telemedicine consultations.	Capital costs
Cultural training and familiarisation	Cost of providing cultural training and familiarisation for health professionals who provide outreach services.	
Absence from practice allowance	 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. 	Salaried staff
	 Time taken for non-salaried private health professionals to attend cultural training and familiarisation. Standard hourly rate specified by RWAV. 	
Backfilling (for salaried health professionals)	Salary costs of backfilled salaried medical staff that provide approved outreach services.	MBS claims by salaried staff voids backfilling cover
		 Salary costs of backfilling registrars, technical staff and/or other accompanying health professionals
Professional support	Support provided by visiting health professionals to local medical and health professionals, e.g. meetings, telephone / email support separate to visits.	Salaried staff

Rural Workforce Agency - Victoria Level 6, Tower 4 World Trade Centre 18-38 Siddeley Street, Melbourne Vic 3005

T: +61 3 9349 7800 F: +61 3 9820 0401 E: rwav@rwav.com.au W: rwav.com.au ABN: 31 081 163 519

RWAV | 05 2016 | 02 | 057.1