

VICOUTREACH RURAL HEALTH

Service Application Form

The Rural Workforce Agency Victoria (RWAV) is the Victorian fundholder for the Australian Government's Rural Health Outreach Fund. In Victoria, this program is known as VicOutreach Rural Health.

VicOutreach Rural Health aims to improve health outcomes for people living in regional, rural and remote locations by supporting the delivery of outreach health activities provided by specialists, general practitioners, allied health providers and other health professionals.

The objectives of VicOutreach Rural Health 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.
- Remove the financial disincentives that create barriers to service provision.

VicOutreach Rural Health supports outreach health activities to address health issues with a specific emphasis on the following health priorities:

- Maternity and paediatric health
- Eye health
- Mental health
- Support for chronic disease management.

An application is required for all services seeking VicOutreach Rural 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 Rural Health application form:

1. 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/Rural-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 be posted, emailed or faxed to:

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

NEXT STEPS

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

- 1. Service responds to VicOutreach Rural 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 Rural 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.



1. BUSINESS AND CONTACT DETAILS			
Full legal trading name of the organisation / business			
<i>This is the organisation that will hold the Service Provider Agreement with RWAV</i>			
Organisation legal name:			
Trading as (if applicable):			
ABN:		GST registered	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:		Fax:	
Email:			
Physical address:			
Postal address:			
Authorised representative of the organisation			
<i>This is the representative responsible for signing the Service Provider Agreement with RWAV (e.g. Director or CEO)</i>			
First name:		Surname:	
Title:		Position:	
Phone:		Fax:	
Email:			
Contact person			
<i>This is the person who will provide RWAV with activity reports and invoices. These must come from the organisation with which RWAV has the Service Provider Agreement</i>			
<input type="checkbox"/> As above			
First name:		Surname:	
Title:		Position:	
Phone:		Fax:	
Email:			



Consent and confidentiality

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

[RWAV Privacy Officer](#).

2. SERVICE MODEL			
Proposed service priority (select the area most relevant to your proposed service)			
<input type="checkbox"/>	Maternity and paediatric health	<input type="checkbox"/>	Eye health
<input type="checkbox"/>	Mental health	<input type="checkbox"/>	Chronic disease management
			Other (please specify):
Who will provide the service?			
<i>If the health professionals are not yet recruited, please list the specialty/discipline required and note that they are not yet recruited/identified.</i>			
Health professional name(s):			
Specialty / discipline:			
Where will the provider travel <i>from</i> to deliver this service (i.e. provider's base location)?			
Location of outreach service			
Town:			
Are you proposing to provide outreach services to other locations?			
<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify all):			
Facility where this service will occur (e.g. GP practice, private / public consulting room)			
Facility type:			
Facility name:			
Facility address:			
What percentage of patients seen at this location will be Bulk Billed ?			<input type="checkbox"/> %
Comment (including comments for where there may be more than one facility):			
Service description			
Type of service:		<input type="checkbox"/> Consultation	<input type="checkbox"/> Procedural
		<input type="checkbox"/> Telemedicine	<input type="checkbox"/> Upskilling local health professionals

	Combination (please specify):	
<p>Description of service:</p> <ul style="list-style-type: none"> • How will each health professional travel to the community and are there links with other services travelling? • How will patients access the service? • How will follow-ups be provided? • How does this service integrate with other services? • Will there be any upskilling to local health professionals at the host location? 		
Service commencement date:		
<p>Number of visits:</p> <p><i>The number of occasions that the health provider / team will visit each town listed. This is not indicative of days per visit. One visit could take multiple days.</i></p>	Service commencement to 1 October 2017:	
Number and location of intended sessions and patients per outreach visit (1 session = 3.5 – 4 hours)	Consultation sessions:	Procedural sessions:
Frequency of visits for service:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly
	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other:
<p>What is the community need for this service?</p> <p><i>Describe the evidence of need for proposed service, e.g. distance to alternative service location, current waiting time, demographic and geographic considerations</i></p>		

--	--

Community linkages involved with visits (if any):			
<input type="checkbox"/>	Registrar involvement	<input type="checkbox"/>	Student involvement
<input type="checkbox"/>	Aboriginal and Torres Strait Islander Health Worker involvement	<input type="checkbox"/>	University involvement
<input type="checkbox"/>	Care Coordinator involvement		Other involvement (please specify):

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	<input type="checkbox"/> Car	<input type="checkbox"/> Commercial flight
<i>How will the provider travel to the outreach location from their base location?</i>	<input type="checkbox"/> Hire car	<input type="checkbox"/> Taxi
	Other:	
Further details (as required):		
Visit length <i>How long will the provider stay in the outreach location each visit?</i>	Number of <u>days</u> spent in the outreach location per visit:	Number of <u>nights</u> for which accommodation is required per outreach visit:
Upskilling provided <i>(during outreach visit)</i>	Type of upskilling:	Number of hours spent upskilling per outreach visit:

Professional support provided <i>(between outreach visits)</i>	Type of professional support:		Number of hours spent on professional support between each outreach visit:
Room hire per day (not per location) / facility fee paid to delivery this service:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount per day: \$ Comment:

4. ACCESSIBILITY			
Will you bulk-bill for this service? <i>Outreach providers are strongly encouraged to bulk-bill Aboriginal and Torres Strait Islander patients and healthcare card holders.</i>	<input type="checkbox"/> Fully	<input type="checkbox"/> Partly (some patients)	<input type="checkbox"/> Not at all
Comments:			
Are you receiving funds for this service from another source?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes – please provide details:		
Cultural safety and awareness			
Have all health professionals completed cultural safety and awareness training?			
<input type="checkbox"/> Yes	Please provide details:		
<input type="checkbox"/> No	Please provide details on future training plans where relevant:		

5. QUALIFICATIONS AND DECLARATIONS <i>(evidence must accompany this application)</i>			
Checklist for <u>individual service providers</u>: please attach evidence of the following with your application			
<input type="checkbox"/>	Professional registration (qualification and accreditation)		
<input type="checkbox"/>	Professional indemnity		
<input type="checkbox"/>	Working with Children Check (if applicable)		
Are you able to provide the following to RWAV within one month of service delivery:			
An invoice to ensure reimbursement of costs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A service report detailing patient numbers and upskilling undertaken in the reporting period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

VicOUTREACH Program Matrix

	VicOutreach Rural Health (Rural Health Outreach Fund)	VicOutreach Aboriginal Health (Medical Outreach – Indigenous Chronic Disease Program)
Health Priorities	<ul style="list-style-type: none"> • Maternity and paediatric health • Eye health • Mental health • Support for chronic disease management 	<p>Prevention, detection and management of chronic disease (primary and secondary care).</p> <ul style="list-style-type: none"> • Diabetes • Cardiovascular disease • Chronic respiratory disease • Chronic renal (kidney) disease • Cancer
Objectives	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • ASGC RA2–5 	<ul style="list-style-type: none"> • ASGC RA1–5
Eligible health services	<ul style="list-style-type: none"> • Specialist medical services • Allied health services • Nursing services • Combinations of eligible services (i.e. multidisciplinary teams) • Outreach GP services • Midwifery services (VicOutreach Rural Health only) • Coordination and administration of these services 	
Other eligible services	<ul style="list-style-type: none"> • Cultural awareness and safety training for participating service providers • Upskilling / training (not be supported as a stand alone activity) • Professional support that is associated with outreach services • Program administration costs 	

Service delivery models	<p>Outreach: service provision provided to communities by service providers travelling to these locations from a larger town. This is the preferred model.</p> <p>Cluster: service is provided to multiple communities from a variety of service providers located in different communities within the cluster. Coordination is critical to ensure a united approach to care.</p> <p>Hub and spoke: service is provided both in a central town and the service provider(s) travelling to remote communities.</p>	
Consolidated programs	<ul style="list-style-type: none"> • MSOAP – Core, Ophthalmology expansion, Maternity services expansion 	<ul style="list-style-type: none"> • Medical Specialist Outreach Assistance Program –IndigenousChronic Disease (MSOAP-ICD) • Urban Specialist Outreach Assistance Program (USOAP).
Support payments (both programs)		
	Included	Excluded
Travel, accommodation, meals and incidental costs	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Lease or purchase of vehicle • Breakfast on the first day of the visit and dinner on the last day
Administrative support	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • Support during upskilling • Travel, meals or accommodation for administrative staff
Service coordination (host facility)	<ul style="list-style-type: none"> • For the service hosting a visiting team to ensure that team members have access to up-to-date information on each patient’s records on arrival at each outreach location and to coordinate team-based care. 	

	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> For both service delivery and upskilling Maximum facility fee payable for any venue is \$200 per day (ex. GST). 	
Equipment lease	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Purchase of equipment
Telemedicine / ehealth	<ul style="list-style-type: none"> Hire of venue and equipment associated with telemedicine consultations. 	<ul style="list-style-type: none"> Capital costs
Cultural training and familiarisation	<ul style="list-style-type: none"> Cost of providing cultural training and familiarisation for health professionals who provide outreach services. 	
Absence from practice allowance	<ul style="list-style-type: none"> 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. Time taken for non-salaried private health professionals to attend cultural training and familiarisation. Standard hourly rate specified by RWAV. 	<ul style="list-style-type: none"> Salaried staff
Backfilling (for salaried health professionals)	<ul style="list-style-type: none"> Salary costs of backfilled salaried medical staff that provide approved outreach services. 	<ul style="list-style-type: none"> MBS claims by salaried staff voids backfilling cover Salary costs of backfilling registrars, technical staff and/or other accompanying health professionals
Professional support	<ul style="list-style-type: none"> Support provided by visiting health professionals to local medical and health professionals, e.g. meetings, telephone / email support separate to visits. Standard hourly rate specified by RWAV – non salaried health professionals only. 	<ul style="list-style-type: none"> Salaried staff