



Australian Government

Department of Health and Ageing

Healthy Ears - Better Hearing, Better Listening Service Delivery Standards

**Supported through the
Medical Outreach - Indigenous Chronic Disease Program
Service Delivery Standards**

FOREWORD

The Australian Government announced funding of \$66 million over 2013-14 – 2016-17 to continue the Closing the Gap - *Improving Eye and Ear Health Services for Indigenous Australians* measure to improve the detection and treatment of eye and ear health conditions in Aboriginal and Torres Strait Islander people. This furthers the 2009 commitment of \$58.3 million over four years for the same measure.

The ear component of the Closing the Gap - *Improving Eye and Ear Health Services for Indigenous Australians* measure is focussed on Indigenous children and young people under 21 years of age and aims to:

- reduce the number of Indigenous people suffering avoidable hearing loss;
- improve the coordination of hearing health care;
- give Indigenous children a better start to education to assist with improvements in literacy and numeracy with a flow on to improved employment outcomes; and
- boost the qualifications of health professionals.

The model established for outreach services including the Medical Outreach - Indigenous Chronic Disease Program (MOICDP) provides the framework for the delivery of services under the Healthy Ears – Better Hearing, Better Listening Program.

All organisations supported by the Department of Health and Ageing through the Healthy Ears – Better Hearing, Better Listening Program will be required to meet the terms and conditions outlined in individual funding agreement and its schedules and this document – the Service Delivery Standards.

The Department is looking to ensure that organisations supported through the Healthy Ears – Better Hearing, Better Listening Program 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 Healthy Ears – Better Hearing, Better Listening Program supports;
- the Governance structure of the Healthy Ears – Better Hearing, Better Listening Program;
- roles and responsibilities under the Healthy Ears – Better Hearing, Better Listening Program; and
- administration of the Healthy Ears – Better Hearing, Better Listening Program.

The Healthy Ears – Better Hearing, Better Listening Program supports a service delivery model the same as for the MOICDP, that includes a multidisciplinary team approach in delivering services. Multi-disciplinary teams may consist of specialists, allied health professionals, general practitioners and other health providers.

While the Healthy Ears – Better Hearing, Better Listening Program is managed through the Office for Aboriginal and Torres Strait Islander Health within the Department of Health and Ageing the administration is complementary to the MOICDP, and will be administered in a consistent and coordinated way to achieve value for money whilst meeting the aims and objectives of the funding streams.

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Background

The Healthy Ears – Better Hearing, Better Listening Program is built on the foundations of outreach services developed and managed through Rural and Regional Health Australia, and supports a multidisciplinary team approach to outreach services.

The Healthy Ears – Better Hearing, Better Listening Program intends to deliver ear and hearing health services to Indigenous Australian children and youth and acknowledges that there is a high incidence of ear disease which impacts on health, social interaction, language, communication, literacy and numeracy development.

Outreach services supported through the Healthy Ears – Better Hearing, Better Listening Program will improve access to ear and hearing health services for people living in urban, rural, regional and remote Australia by supporting a range of targeted health services 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, and

- will work to reduce the number of Indigenous people suffering avoidable hearing loss;
- improve the coordination of hearing health care;
- give Indigenous children a better start to education to assist with improvements in literacy and numeracy with a flow on to improved employment outcomes;
- boost the qualifications of health professionals; and
- better advance the connection of ear disease with hygiene, environment, breastfeeding, smoking and diet.

Aims and objectives of the Healthy Ears – Better Hearing, Better Listening Program

3.1 Aim

The aim of the Healthy Ears - Better Hearing, Better Listening Program is to increase access to a range of health services including expanded primary health for Indigenous children and youth (0-21 years) for the diagnosis, treatment and management of ear and hearing health.

3.2 Objectives

The objectives of the Healthy Ears – Better Hearing, Better Listening Program 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 ear disease more effectively;

To meet these objectives the Fundholder will need to:

- enhance coordination of services;
- establish new and expand existing outreach services that focus primarily on management of ear disease for Indigenous Australian children and youth;
- provide services to 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 ear disease;
- support health professionals to provide culturally appropriate care to Aboriginal and Torres Strait Islander people 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 about prevention and detection of ear disease, and support informed self-care.

Healthy Ears – Better Hearing, Better Listening Program Service Eligibility

4.1 What services are eligible for funding?

The Healthy Ears – Better Hearing, Better Listening Program supports outreach services provided by the following:

- medical specialists;
- allied health professionals;
- nursing services;
- combinations of eligible services (i.e. multidisciplinary team);
- general practitioners; and
- Aboriginal Health Workers.

Funding is also available for:

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

4.2 Services to be provided

The Healthy Ears – Better Hearing, Better Listening Program will build on existing outreach services and establish new services with a focus on ear and hearing health. Services are to focus on the prevention, detection, and management of the complex conditions that arise in Aboriginal and Torres Strait Islander children and youth in urban, rural, regional, remote and very remote communities. Services need to be provided to 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.

Diagnostic and preventative health services provided by allied health professionals are eligible for support under the Healthy Ears – Better Hearing, Better Listening Program.

Appointments for patients consulting with participating health professionals must be coordinated to take advantage of the outreach visit. Fundholders should seek synergies across all outreach services to maximise the benefit of the outreach visit. For example, a health educator travelling for one of the MOICD chronic diseases could also hold an information session for the Aboriginal and Torres Strait Islander community to address risk factors associated with ear disease or improved self management.

As under the MOICDP, a Service under the Healthy Ears - Better Hearing, Better Listening Program 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.

4.3 Models of Care

A range of flexible service delivery models may be used under this measure to meet the aim and objectives of the Healthy Ears - Better Hearing, Better Listening Program.

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 Healthy Ears - Better Hearing, Better Listening Program.

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 Healthy Ears - Better Hearing, Better Listening Program has a preference for a team approach to care. The multidisciplinary approach of this measure requires coordination and case management. 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.

4.4 Clinical Care Guidelines on the Management of Otitis Media in Aboriginal and Torres Strait Islander Populations (updated 2010)

The “*Clinical Care Guidelines on the Management of Otitis Media in Aboriginal and Torres Strait Islander Populations (updated 2010)*” provides information to assist primary health care providers in the delivery of comprehensive, effective and appropriate care for Aboriginal and Torres Strait Islander people with Otitis Media. These Guidelines are available in hard copy or online at: <http://www.healthinonet.ecu.edu.au/ear-health-workers>

4.5 Health Professionals Supported by the Program

The multidisciplinary teams to be funded under the Program include arrange of health professionals including 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 audiologist with an ear nurse or ENT Specialist). 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 the MBS.

Any appropriately trained and registered health professional, or appropriate support and/ or supplementary staff relevant to the prevention, detection and management of ear disease will be eligible for support under the Healthy Ears - Better Hearing, Better Listening Program.

The following criteria must be met by health professionals providing services through the Healthy Ears - Better Hearing, Better Listening Program. All must:

- have appropriate skills and a clearly defined role relevant to the treatment and management of ear and hearing health identified for this measure;
- be 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 Healthy Ears - Better Hearing, Better Listening Program 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 Healthy Ears - Better Hearing, Better Listening Program must be a person registered or licensed as a medical practitioner under a law of a State or Territory.
- Medical specialists supported under the Healthy Ears - Better Hearing, Better Listening Program must be a person registered as a specialist under State or Territory law.
- Registered nurses supported under the Healthy Ears - Better Hearing, Better Listening Program 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 must hold appropriate tertiary or vocational qualifications or be employed in the specialist area.
- Enrolled nurses supported under the Healthy Ears - Better Hearing, Better Listening Program 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 Healthy Ears - Better Hearing, Better Listening Program must have the appropriate qualifications recognised in their state and territory jurisdictions.

4.6 Cultural Awareness and Safety Training

All health professionals providing services through the Healthy Ears - Better Hearing, Better Listening Program must verify 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 Healthy Ears - Better Hearing, Better Listening Program 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.

4.7 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 Healthy Ears - Better Hearing, Better Listening Program and would include a briefing on specific Cultural Awareness and Safety Training issues specific to the community.

4.8 What Services are Not Eligible for Funding?

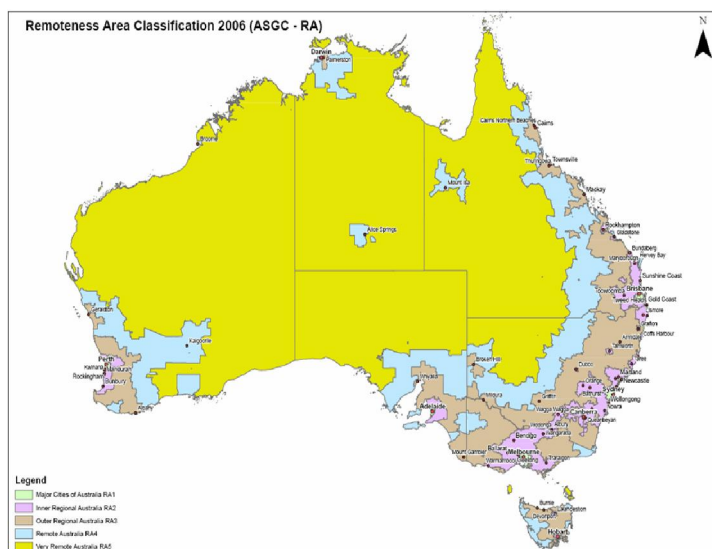
Funding is not available to support:

- 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.

4.9 What Locations are Eligible for the Healthy Ears - Better Hearing, Better Listening Program 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. Under the Healthy Ears - Better Hearing, Better Listening Program services 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.

The map 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)

Governance Structure for the Healthy Ears - Better Hearing Better Listening Program

5.1 Summary of Governance Structure

The Healthy Ears - Better Hearing, Better Listening Program will have the same governance structure as the MOICDP consisting of:

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

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 Healthy Ears - Better Hearing, Better Listening Program 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 Healthy Ears - Better Hearing, Better Listening Program 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 Healthy Ears - Better Hearing Better Listening Program;
- 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 2013 – 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 and provide 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 Healthy Ears - Better Hearing, Better Listening Program 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 Healthy Ears - Better Hearing, Better Listening Program.

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 Healthy Ears - Better Hearing, Better Listening Program, 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 Healthy Ears - Better Hearing, Better Listening Program and eligibility rests with the Department.

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 to 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 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.

Fundholders

Fundholders is the term given to successful applicants selected from the competitive funding round for the MOICDP. Healthy Ears - Better Hearing, Better Listening Program is utilising the outcome of this competitive funding round. Fundholders will be contracted by the Department for the delivery of services for a period of up to three years and the Office for Aboriginal and Torres Strait Islander Health may elect to offer an additional term 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 Healthy Ears - Better Hearing, Better Listening Program. This includes working closely with the Advisory Forum and local stakeholders to ensure that the Healthy Ears - Better Hearing, Better Listening Program 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 jurisdictional Health Departments and Medicare Locals 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 administration funds under the Healthy Ears - Better Listening, Better Hearing Program support dedicated personnel, available each business day, to provide and maintain the administrative requirements needed to plan, maintain and deliver outreach services through the Healthy Ears - Better Hearing, Better Listening Program 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;
- arrange 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 Healthy Ears - Better Hearing, Better Listening Program;
- development and implementation of strategies to market the services and educate the public and the health care sector about the Healthy Ears - Better Hearing, Better Listening Program;
- 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;
- ensuring health professionals provide culturally appropriate services;
- providing assistance upskilling sessions to health care professionals as required;
- undertaking other activities necessary for the proper operation of the Healthy Ears - Better Hearing, Better Listening Program; 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. Under the Healthy Ears - Better Hearing, Better Listening Program coordination too, is a priority.

Local resources must be engaged to maximise attendance to appointments. Strategies to make best use of the time of the visiting health professional/s should be considered and where possible developed including the preparation of a waiting list of patients that can be seen should there be no-shows when the health professional is on site. Fundholders are to access identified local coordination personnel to enable the visiting services to be as effective as possible.

It is noted that the service coordinators do not cover all rural and remote areas in a jurisdiction. Fundholders should become aware of coordinators/ coordination services funded by the Commonwealth to align and complement all outreach services including those provided by state and territory governments or other providers/ funders.

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 Healthy Ears - Better Hearing, Better Listening Program 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 Healthy Ears - Better Hearing, Better Listening Program. A service not fulfilling the requirements of the Healthy Ears - Better Hearing, Better Listening Program may be reconsidered and funding may be allocated to an alternative area of need in the jurisdiction.

1.6 *Healthy Ears - Better Hearing, Better Listening Program*

Department of Health and Ageing Contacts

Address: GPO Box 9848, Canberra ACT 2601.

Central Office Project Officer (currently Madeleine Bing) 02 6289 9025

Administrative Arrangements

8.1 Activity Work 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, an activity work 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 activity work 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 activity work plan will be reviewed annually by the Fundholder 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 Healthy Ears - Better Hearing, Better Listening Program may change;
- a service could become self-sustaining from a commercial perspective and would no longer require support from the Healthy Ears - Better Hearing, Better Listening Program; and
- a service provider may no longer wish to continue providing outreach services.

In any circumstance 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 activity work plan;
- change the location of a service in the Approved activity work plan; and
- change a service detailed in the Approved activity work 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).

Any 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 activity work 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 activity work 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 Activity Work Plan

The assessment criteria used to select services are as follows:

- Is the service in line with the aim and objects of the Healthy Ears - Better Hearing, Better Listening Program?
- 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 similar 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 to be included in the annual Activity Plan for the following financial year.

In developing the needs assessment, the Fundholder will consult with Aboriginal and Torres Strait Islander health organisations in their jurisdiction, government Health Departments, Medicare Locals and other peak organisations with a role in ear and hearing health to ensure services accurately reflect need and complement other services being delivered.

The needs assessment information will be provided to the State or Territory Advisory Forum for consideration in line with the priorities of the Healthy Ears - Better Hearing, Better Listening Program.

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 RA 1-5 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 Healthy Ears - Better Hearing Better Listening Program Support?

The Healthy Ears - Better Hearing, Better Listening Program is able to assist with funding to support new services, as well as to expand established visiting outreach health services. Funds must not 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 Healthy Ears - Better Hearing, Better Listening Program 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 for administrative support in the state or territory of the service at a grade 2 or 3 level depending on the complexity of the work.

Administrative support staff will not be funded during the time the visiting health professional provides upskilling to local health professionals.

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

8.7 Registrars and Technical Staff

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

8.8 Travel Costs

Private vehicles

The Healthy Ears - Better Hearing, Better Listening Program 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, which is ever the lesser.

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 Healthy Ears - Better Hearing, Better Listening 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 Healthy Ears - Better Hearing, Better Listening Program.

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 Healthy Ears - Better Hearing, Better Listening Program, 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.

As with the MOICDP, the Healthy Ears - Better Hearing, Better Listening Program will not cover the purchase of equipment for use by health professionals on outreach visits.

The Healthy Ears - Better Hearing, Better Listening Program 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 Healthy Ears - Better Hearing, Better Listening Program 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

All health professionals providing outreach under the Healthy Ears - Better Hearing, Better Listening Program must undertake cultural awareness and safety training. In recognition of the diverse cultural environments in which visiting health professionals may be required to work, the Healthy Ears - Better Hearing, Better Listening Program will fund cultural awareness and safety 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 and safety training provided by facilitators/presenters; and/ or
- self-learning cultural awareness and safety education program.

Non-salaried private health professionals providing outreach services under the Healthy Ears - Better Hearing, Better Listening Program may claim Absence from Practice Allowance for the time they attend cultural awareness and safety 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).

Fundholders and health professionals should be aware of the Medicare Aboriginal and Torres Strait Islander Access Line. The Access Line is supported by staff that are aware of the special conditions that may affect Aboriginal and Torres Strait Islander customers. The contact number for the Medicare Aboriginal and Torres Strait Islander Access Line is 1800 556 955.

Or through the web site at

<http://www.humanservices.gov.au/customer/services/medicare/aboriginal-and-torres-strait-islander-access-line>

8.17 Backfilling for Salaried Health Professionals

The salary costs of backfilling salaried medical staff that provide approved outreach services will be covered. Any claims made against the MBS by salaried health professionals for outreach services supported under the Healthy Ears - Better Hearing, Better Listening Program 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 Healthy Ears - Better Hearing, Better Listening Program 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.

As with the MOICDP, upskilling cannot be supported as a “stand alone” activity under the Healthy Ears - Better Hearing, Better Listening Program.

8.19 Professional Support

For the purposes of the Healthy Ears - Better Hearing, Better Listening Program, 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 Healthy Ears - Better Hearing, Better Listening Program.

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 Healthy Ears - Better Hearing, Better Listening Program.

8.21 Telemedicine and eHealth

The Healthy Ears - Better Hearing, Better Listening Program supports the use of telemedicine services as a supplement to usual face-to-face consultations between patients and health professionals. As with the MOICDP, Healthy Ears - Better Hearing, Better Listening Program 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 Healthy Ears - Better Hearing, Better Listening Program supports 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 Healthy Ears - Better Hearing Better Listening Program

These terms provide definition and apply to any document associated with the administration of the Healthy Ears - Better Hearing Better Listening Program.

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) (ABS)	<p>Geographical Classification ASGC-RA is a system developed in 2001 by the Australian Bureau of Statistics as a statistical geography structure that allows quantitative comparisons between 'city' and 'country' Australia.</p> <p>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.</p>
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 Healthy Ears - Better Hearing Better Listening Program.
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. Aboriginal Health Worker, 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 Healthy Ears - Better Hearing Better Listening Program 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:	<p>Informal support provided by the visiting health professional to the general practitioner and/or other local health professionals through, for example, lunchtime meetings and/or telephone/email support once the health professional has returned to their main practice. For example:</p> <ul style="list-style-type: none"> • informal discussions/telephone conversations/meetings with general practitioners for specific patient management; or • general practitioner and specialist see the patient together.
Registrar:	<p>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.</p>
Service/location:	A single town or community where a health professional provides a consultation.
Session:	A period of time, usually 3.5 – 4.0 hours.
Specialist:	<p>A medical practitioner who:</p> <ul style="list-style-type: none"> • is registered as a specialist 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. By example, an 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).