

DEPARTMENT OF HEALTH AND AGEING

OFFICE OF RURAL HEALTH

**Medical Specialist Outreach Assistance Program
(Indigenous Chronic Disease)**

Policy Framework

September 2009

MEDICAL SPECIALIST OUTREACH ASSISTANCE PROGRAM – INDIGENOUS CHRONIC DISEASE MEASURE

INTRODUCTION OF MULTIDISCIPLINARY TEAMS TO BETTER MANAGE COMPLEX AND CHRONIC HEALTH CONDITIONS FOR INDIGENOUS AUSTRALIANS IN RURAL AND REMOTE COMMUNITIES

Background

The Medical Specialist Outreach Assistance Program (MSOAP) was established in 2000 to improve the access of rural and remote communities to medical specialist services by complementing outreach specialist services provided by state and Northern Territory governments.

The objectives of MSOAP are to:

- increase visiting specialist services in areas of identified need;
- support medical specialists to provide outreach services in rural and remote communities;
- facilitate communication between visiting specialists and local health professionals about on-going patient care; and
- increase and maintain the skills of health professionals in regional, rural and remote areas in accordance with local need.

MSOAP addresses some of the financial disincentives incurred by specialists providing outreach services. Funds are available for costs of travel, meals and accommodation, facility fees, administrative support at the outreach location, lease and transport of equipment, up-skilling sessions for resident health professionals, and telephone support to health professionals at outreach locations. Private specialists are also compensated for loss of business opportunity (income) while undertaking travel to/from an outreach location.

Services provided in rural and remote locations by specialists through the MSOAP include:

- consultations with new patients;
- medical procedures as appropriate;
- follow-up and review of patients;
- case discussions with referring health professionals as appropriate; and
- on-going education and training for medical practitioners, registered nurses and Aboriginal Health Workers aimed at enhancing skills and patient care, with particular emphasis on practical 'hands-on' training.

All medical specialist disciplines may be supported through MSOAP other than elective plastic surgery for cosmetic/enhancement purposes.

COAG - National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes

On 29 November 2008, the Council of Australian Governments agreed a \$1.6 billion *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*. The Commonwealth will contribute \$805.5 million over four years to tackle chronic disease risk factors, improve chronic disease management in primary care and follow-up treatment, and increase the capacity of the primary care workforce to deliver effective health care to Indigenous Australians.

MSOAP – Indigenous Chronic Disease (ICD) measure

As part of the Australian Government's commitment to the *Closing the Gap in Indigenous Health Outcomes*, funding of \$54.7 million over four years has been allocated to expand the MSOAP to introduce multidisciplinary teams, comprising specialists, general practitioners and allied health professionals, to better manage complex and chronic health conditions in rural and remote Indigenous communities. Teams of health professionals will be supported to deliver necessary treatments and health care. The teams may include, but not be limited to, specialists, general practitioners (GPs) and allied health professionals, to better manage complex and chronic health conditions in rural and remote Indigenous communities.

The objectives of the MSOAP-ICD measure are to:

- support health professionals to provide outreach services to rural and remote Indigenous communities;
- increase the range of services offered by visiting health professionals to treat and manage chronic disease more effectively;
- foster the collaboration between local Indigenous health services and visiting health professionals to target the delivery of essential treatment to patients with chronic disease;
- improve ongoing management and continuity of patient care;
- provide up-skilling opportunities for local health professionals; and
- work with communities to build knowledge and support informed self-care.

The composition of the teams will vary depending on the health and treatment needs of the community. In some instances the team may include a specialist who is accompanied by appropriate allied health professionals, eg. an endocrinologist with a podiatrist and/or diabetic educator; on other occasions it may be a combination of a GP and/or allied health professionals, or a specialist, GP and/or allied health professionals. Team members may travel and visit communities together or may spread the timing of visits taking into consideration the needs of the community and issues such as facility availability.

Target Locations

As of 1 July 2009, eligibility for new services under the rural and remote health outreach services program, which includes the MSOAP-ICD measure, will be determined by the Australian Bureau of Statistics Australian Standard Geographical Classification - Remoteness Areas (ASGC-RA).

The primary focus of the MSOAP-ICD measure will be to deliver services to Indigenous communities classified as ASGC-RA 4-5 (Remote and Very Remote) with a high prevalence of complex and chronic health conditions or where a significant proportion of the Indigenous community in the location have chronic health conditions. Locations classified as ASGC-RA 3 (Outer Regional) where there is an identified need for services to address chronic health conditions experienced by Indigenous people living in these communities are also a focus of this measure.

Communities defined as ASGC-RA 2 (inner regional) will not normally be eligible for funding under MSOAP-ICD measure; however, there may be exceptions where the Department will consider communities located in ASGC-RA 2 where a service may enhance service accessibility for surrounding communities (ASGC 4-5) in a hub and spoke model.

Further information on the ASGC can be found at <http://www.abs.gov.au>

Implementation

The implementation of the MSOAP-ICD measure to rural and remote Indigenous communities is from 1 July 2009. The first year will focus on the development of needs assessments and service plans, with the majority of service delivery commencing from 1 July 2010.

Consultation

The Department of Health and Ageing (the Department) will consult with and inform key stakeholder organisations throughout the development, implementation and evaluation of the MSOAP-ICD measure, which includes MSOAP auspicing agencies, Indigenous health organisations, specialist colleges, and GP and allied health professional organisations.

Budget

Funding of \$54.7 million over four years (2009-10 to 2012-13) has been allocated to the MSOAP-ICD measure.

Budget allocation by jurisdiction

The level of funding to be provided to each state and the Northern Territory will be determined by the Department, taking into consideration the Indigenous population distribution across Australia, the burden of chronic disease within identified rural and remote Indigenous communities, and the level of remoteness in the jurisdiction.

Governance Arrangements:

Auspicing agencies

In all states and the Northern Territory, MSOAP is administered on behalf of the Australian Government by the following auspicing agencies:

- NSW – NSW Rural Doctors Network and
Greater Southern Area Health Services (NSW Health)
- NT – NT Department of Health and Families
- QLD – General Practice Queensland and
Queensland Health
- SA – SA Rural Doctors Workforce Agency
- TAS – Tasmanian Department of Health and Human Services
- VIC – Rural Workforce Agency, Victoria
- WA – Rural Health West

The auspicing agencies will be engaged to deliver the MSOAP-ICD measure.

Service planning and delivery

Auspicing agencies in each state and the Northern Territory will work in consultation with their respective MSOAP Advisory Forum and state/Northern Territory Office of the Department to undertake a needs assessment and to develop a service plan to manage and coordinate service delivery under the MSOAP-ICD measure.

It is anticipated that services will be delivered primarily at Aboriginal Health Services (AHS) or community health centres and the health service will be responsible for coordinating visits and patients. Under the Commonwealth Chronic Disease package, many AHSs and Divisions of General Practice will be eligible for funding for Indigenous Outreach Workers and other staff. Where available, these may have a role in assisting with coordination of the MSOAP-ICD measure. This could include liaising with established residents, locum or visiting GPs, who will provide the

relevant referral pathways for other specialists or allied health services, and ensure continuity of patient care.

In determining the locations, range of disciplines and frequency of visits, auspicing agencies and each MSOAP Advisory Forum will have regard, but not limit themselves, to the following criteria:

- level of community need for the service;
- current level of service in the region;
- availability of a local health workforce;
- links with other state, Northern Territory or Australian Government health programs;
- appropriateness of the service;
- availability of MSOAP funding;
- local support infrastructure (such as availability of appropriate facilities); and
- efficient use of Australian Government funding.

Service plans for the delivery of the MSOAP-ICD measure will be endorsed by the relevant state/Northern Territory Advisory Forum before being forwarded the Department for delegate approval.

Role of the MSOAP Advisory Forum

In all states and the Northern Territory, a state/territory based MSOAP advisory forum assists in determining the priority health needs of rural and remote communities within their jurisdiction. The advisory forum is an expert group who advise on the suitability of services under consideration for support under the MSOAP. Membership of the advisory forums may need to be expanded to include appropriate advice regarding Indigenous and allied health service provision.

State/Northern Territory MSOAP Advisory Forums will assist in identifying rural and remote Indigenous communities with the greatest need for health services to treat and manage complex and chronic disease. Services to be delivered as a result of the introduction of multidisciplinary teams will build on existing services and establish new services with a focus on diabetes, cardiovascular disease, chronic respiratory disease, chronic renal disease and/or cancer.

Issues to be explored during the development phase of the MSOAP-ICD measure may include (but not limited to):

- the process for determining need and priority setting;
- current planning processes including for the broader MSOAP;
- models of care that could be adapted to outreach service delivery;
- use of telehealth to support outreach service delivery;
- strategies to recruit and retain health professionals; and
- capacity building within local communities to assist the long term sustainability and viability of health services.

MSOAP Advisory Forums will liaise closely with their respective state/Northern Territory-based Indigenous Health Partnership Forums in relation to the development of service plans to support the implementation of the ICD measure.

Financial assistance for team members

Multidisciplinary team members will receive financial assistance to remove some of the financial disincentive of providing an outreach service. Funding will be provided towards the costs of travel, accommodation and meals, facility fees, administrative support at the outreach location, lease and transport of essential equipment, and up-skilling sessions for resident health professionals. An

absence from practice allowance, which compensates for the loss of business opportunity (income) while the service provider travels to/from the outreach location may also be payable.

It is recognised that consideration will need to be given to the level and method of remuneration to be provided to the health professionals delivering outreach services. Generally, MSOAP addresses some of the financial disincentives of providing outreach services, while the payment for the services is between the health practitioner and the patient. In limited circumstances it may be appropriate to consider payments of a sessional rate for services, in lieu of patients being bulk-billed or privately charged to take account of cultural or other events that may impact on service delivery to Indigenous communities, such as no shows at planned visits. This sessional rate would negate any claim under Medicare.

For those instances in which allied health professionals cannot bill Medicare, sessional rates will need to be considered to ensure these health professionals are remunerated for services provided. These will be based on other similar Commonwealth payment rates for allied health services.

Monitoring/Evaluation

The funding agreement with each auspicing agency will set out the reporting requirements for the MSOAP-ICD measure.

An evaluation framework will be developed to monitor the efficiency, effectiveness and appropriateness of the MSOAP-ICD measure and will inform part of the overall evaluation of the *Closing the Gap* package.

Summary of Rural and Remote MSOAP Services

	MSOAP	MSOAP-ICD
Aim	Improve access of Australians in rural and remote communities to medical specialist services.	Increase the range of health services provided to rural and remote Indigenous communities for the treatment and management of chronic disease.
Main objectives	Increase outreach medical specialist services to areas of identified need in rural and remote Australia.	Support multidisciplinary health services to Indigenous communities of identified need in rural and remote Australia.
Auspice	Administered on behalf of the Commonwealth by auspicing agencies in each State and the Northern Territory	Administered on behalf of the Commonwealth by auspicing agencies in each State and the Northern Territory.
Target	Rural and remote 'areas of identified need'.	Rural and remote Indigenous communities with a high prevalence of complex and chronic disease.
Services	MSOAP recognised medical specialist disciplines except enhancement plastic surgery.	MSOAP recognised medical specialist, GP and appropriate allied health professionals to address identified complex and chronic disease in rural and remote Indigenous Australians (from 2009-10).
Planning/ Consultation	Consultation with key stakeholder organisations including MSOAP auspicing agencies, community stakeholders, Indigenous health organisations, medical specialists and general practitioners,	Consultation with key stakeholder organisations including MSOAP auspicing agencies, community stakeholders, Indigenous health organisations, medical specialist colleges, general practitioner and allied health professional organisations, as well as the state/Northern Territory-based Indigenous Health Partnership Forums.
Funding	MSOAP - \$77.3m (2008-09 – 20011-12).	MSOAP-ICD - \$54.7m (2009-10 – 2012-13).
Monitoring	Reporting and funds management specified in funding agreement with each auspice agency	Reporting and funds management specified in funding agreement with each auspice agency.