



Australian Government

Department of Health

Evaluation of Outreach Programs

Volume 3: National workforce,
host and outreach provider
survey results

Revision history

Version	Date	Modification
0.1	29 July 2022	Initial draft.

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Health Policy Analysis Pty Ltd

Suite 101, 30 Atchison Street, St Leonards NSW 2065

PO Box 403, St Leonards NSW 1590

ABN: 54 105 830 920

ACN: 105 830 920

www.healthpolicy.com.au

Phone: +61 2 8065 6491

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Appendix 3A: Survey methods

The perspectives of host provider staff, visiting providers and representatives at workforce peak bodies was a key input in the evaluation. To ensure these groups were provided with the opportunity to provide comprehensive feedback on outreach services, 3 surveys were developed and distributed for each group.

Following initial discussions with the fundholders and other key national stakeholders during the planning stages of the evaluation, draft survey instruments for the 3 stakeholder groups were prepared during August to October 2020.

The workforce peak bodies survey was developed and sent to the Department for review and approval in October 2021. Following the acceptance of the national workforce bodies survey, invitations were distributed to 12 workforce peak bodies in December 2021.

Appendix 3E: National workforce bodies survey form provides a copy of the peak workforce bodies survey.

Initial drafts of the host and outreach provider surveys were also provided to the Department, NACCHO and the jurisdictional fundholders for comment in October and November 2021. Following the incorporation of feedback and subsequent revisions, the host and outreach provider surveys underwent limited pilot testing and further refinement during late November and early December. The host and outreach provider surveys were finalised in December 2021.

Appendix 3F: Host provider survey form and Appendix 3G: Outreach provider survey form show copies of the of host provider and outreach provider surveys.

The host and outreach provider surveys were distributed with assistance from the jurisdictional fundholders, and a total of 9 out of the 10 fundholders distributed surveys to their individual outreach and host providers (excluding Rural Health Tasmania as it only became the fundholder of the EESS program in 2021 and commenced service operations in mid-2022). The timeframes in which the outreach and host provider surveys were distributed and active in the field was dependent on fundholder priorities and reporting requirements. These timeframes ranged from December 2021 to late April 2022. The fundholders were given 2 options for distribution.

- Provide host and outreach provider contact details to HPA who then contacted recipients via email.
- Distribute the surveys to their host and outreach providers to outreach providers and host provider contacts on behalf of HPA.

The email provided information on the evaluation and invited recipients to complete the survey via a link. In some instances, the fundholders sent the survey to a contracted organisation or 'local partner' who then forwarded the survey on to outreach providers. In order to calculate response rates, HPA requested the fundholders and/or survey recipients who forwarded the survey on to other contacts to provide the number of outreach or host providers they contacted. In some instances, HPA was unable to obtain this information; therefore, the response rate is listed as unknown.

It was requested that respondents complete the survey within 3 weeks of distribution, but, due to COVID-19 and other competing priorities, most host and outreach providers across jurisdictions were given an extension to boost survey response rates. Depending on the method of distribution, HPA or the fundholder sent out a reminder to all recipients to complete the surveys.

The evaluation team received a total of 4 responses from national workforce bodies. A total of 295 valid responses were received from outreach providers and 87 valid responses from host providers. Online responses where less than 10% of the survey was completed were deemed invalid for analysis. As discussed in Volume 1, COVID-19 and other competing priorities appeared to negatively impact response rates.

Appendices 3B, 3C and 3D provide more information on the survey response rates and outline key tables from select questions in the national workforce, outreach provider and host provider surveys, respectively.

Appendix 3B: Results of national workforce survey

Table 1: Assessment of the effectiveness of the outreach programs in improving access to target populations

Question	Response
How effective have the following outreach programs been in improving access to target population(s). Select "Not applicable or don't know" for those programs that you're not aware of:	
Q2_1: Medical Outreach Indigenous Chronic Disease Program (MOICDP)	
Very effective	0
Somewhat effective	2 (40.0%)
Not very effective	1 (20.0%)
Not applicable or don't know	2 (40.0%)
Q2_2: Rural Health Outreach Fund (RHOF)	
Very effective	1 (20.0%)
Somewhat effective	0
Not very effective	0
Not applicable or don't know	4 (80.0%)
Q2_3: Rural Health Outreach Fund - Pain Management Services (RHOF PM)	
Very effective	0
Somewhat effective	1 (20.0%)
Not very effective	0
Not applicable or don't know	4 (80.0%)
Q2_4: Visiting Optometrists Scheme	
Very effective	1 (20.0%)
Somewhat effective	2 (40.0%)
Not very effective	0
Not applicable or don't know	2 (40.0%)
Q2_5: Healthy Ears - Better Hearing, Better Listening (HEBHBL)	
Very effective	0
Somewhat effective	3 (60.0%)
Not very effective	1 (20.0%)
Not applicable or don't know	1 (20.0%)
Q2_6: Eye and Ear Surgical Support (EESS)	
Very effective	0
Somewhat effective	2 (40.0%)
Not very effective	1 (20.0%)
Not applicable or don't know	2 (40.0%)
Q2_7: Heart of Australia (HoA)	
Very effective	0
Somewhat effective	1 (20.0%)
Not very effective	1 (20.0%)
Not applicable or don't know	3 (60.0%)
Q2_8: Tele-Derm	
Very effective	2 (40.0%)
Somewhat effective	0
Not very effective	0
Not applicable or don't know	3 (60.0%)

Table 2: Comments on factors impacting the effectiveness of the outreach programs

Question	Response mentioning these issues
Q3: What are the top three barriers limiting participation/effectiveness of the outreach programs?	
Limited community engagement and awareness of outreach services	2
Adequate funding	2
Poor coordination	2
Poor service integration	2
High administrative burden	1
Limited opportunities for input	1
Poor performance monitoring with limited focus on outcomes	1

Table 3: Comments on enablers that can be leveraged

Question	Response mentioning these issues
Q3B: What enablers can be leveraged?	
Funding from local and jurisdictional organisations to assist in co-design	1
Enablement of self-determination, control and leadership from First Nations communities.	1
Existing key performance indicators from jurisdictional organisations	1
Technology	1
Service delivery from services that have demonstrated success in more areas	1

Table 4: Responses regarding factors that would strengthen the effectiveness of the outreach programs

Question	Response
Q4: Which of the following would strengthen outreach services? Select all that apply.	
Q4_1: Better integration between the programs and local services.	5 (100.0)
Q4_2: Funding for more providers to participate in providing outreach services.	3 (60.0)
Q4_3: More support for host services to coordinate outreach provider visits.	4 (80.0)
Q4_4: More flexible funding to support innovation and/or meet local service needs.	5 (100.0)
Q4_7: Other, please elaborate.	4 (80.0)

Table 5: Other comments on factors that would strengthen outreach services

Question	Response
Q4B: Other factors that would strengthen outreach services.	
More program co-design with communities	3
More robust evaluation methods	1
Additional funding for service delivery and providers	1
Stronger voice of First Nations representatives and communities	1
Additional focus on upskilling	1
Directing outreach funding to ACCHOs to lead and coordinate outreach services	1

Appendix 3C: Results of the outreach provider survey

Table 6: Number of outreach provider respondents included and response rates by Fundholder

Fundholder	Started survey		Denominator	Included (%)	Response rate (%)
	<10% completed	Included			
CheckUP	39	48	264	55.2	18.2
HoA	8	5	32	38.5	15.6
NSW RDN	76	129	1149	62.9	11.2
NT Health	5	9	Unknown	64.3	Unknown
NT PHN	12	22	49	64.7	44.9
RDWA	7	21	123	75.0	17.1
RHW	8	19	38	70.4	50.0
RWAV	4	18	57	81.8	31.6
TAZREACH	9	24	105	72.7	22.9
Total	168	295	Unknown	63.7	Unknown

Table 7: Provider information

Question	Response	Total
Q2 - Are you one of the following?	Undergraduate student	1 (0.4%)
	Postgraduate trainee	4 (1.5%)
	None of the above	262 (98.1%)
	No response	17
Q3 - Do you know which of the following program(s) you are supported by in the delivery of outreach services? Please select all that apply.	MOICDP	68 (23.1)
	RHOF	79 (26.8)
	RHOF PM	3 (1.0)
	VOS	21 (7.1)
	EESS	3 (1.0)
	HEBHBL	15 (5.1)
	HoA	5 (1.7)
	Tele-Derm	1 (0.3)
	Not applicable or don't know	52 (17.6)
	Q4 - Who generally helps you organise your outreach visits? Please select all that apply.	You/staff at primary place of employment
Fundholder organisation		20 (6.8)
Staff from the service(s) that you visit		118 (40.0)
PHN staff		14 (4.7)
Other, please describe.		36 (12.2)
Q5_1 - Before the start of restrictions related to the COVID-19 pandemic in 2020, on average, approximately how many annual visits did you make to discrete towns/communities to provide outreach services? Please indicate the number of visits overall and by supported program(s). - Total annual number of outreach visits:	0	6 (2.4%)
	0 to 9	37 (14.9%)
	10 to 19	56 (22.6%)
	20 to 29	35 (14.1%)
	30 to 90	47 (19.0%)
	90+	11 (4.4%)
	other	55 (22.2%)
	Unknown	1 (0.4%)
Q5_2 - Before the start of restrictions related to the COVID-19 pandemic in 2020, on average, approximately how many annual visits did you make to discrete towns/communities to provide outreach services? Please indicate the number of visits overall and by supported program(s). - MOICDP:	0	9 (4.7%)
	0 to 9	12 (6.2%)
	10 to 19	17 (8.9%)
	20 to 29	11 (5.7%)
	30 to 90	13 (6.8%)
	90+	5 (2.6%)
	other	123 (64.1%)
	Unknown	2 (1.0%)
Q5_3 - Before the start of restrictions related to the COVID-19 pandemic in 2020, on average, approximately how many annual	0	6 (2.9%)
	0 to 9	21 (10.2%)
	10 to 19	30 (14.6%)

Question	Response	Total
visits did you make to discrete towns/communities to provide outreach services? Please indicate the number of visits overall and by supported program(s). - RHOF:	20 to 29	19 (9.3%)
	30 to 90	15 (7.3%)
	90+	2 (1.0%)
	Other	112 (54.6%)
	0	12 (6.7%)
Q5_4 - Before the start of restrictions related to the COVID-19 pandemic in 2020, on average, approximately how many annual visits did you make to discrete towns/communities to provide outreach services? Please indicate the number of visits overall and by supported program(s). - VOS:	0 to 9	6 (3.4%)
	10 to 19	5 (2.8%)
	20 to 29	2 (1.1%)
	30 to 90	6 (3.4%)
	90+	3 (1.7%)
	Other	144 (80.9%)
Q5_5 - Before the start of restrictions related to the COVID-19 pandemic in 2020, on average, approximately how many annual visits did you make to discrete towns/communities to provide outreach services? Please indicate the number of visits overall and by supported program(s). - EESS:	0	12 (7.2%)
	0 to 9	3 (1.8%)
	Other	152 (91.0%)
Q5_6 - Before the start of restrictions related to the COVID-19 pandemic in 2020, on average, approximately how many annual visits did you make to discrete towns/communities to provide outreach services? Please indicate the number of visits overall and by supported program(s). HEBHBL:	0	11 (6.5%)
	0 to 9	5 (3.0%)
	10 to 19	2 (1.2%)
	20 to 29	2 (1.2%)
	30 to 90	3 (1.8%)
	Other	146 (86.4%)
Q5_7 - Before the start of restrictions related to the COVID-19 pandemic in 2020, on average, approximately how many annual visits did you make to discrete towns/communities to provide outreach services? Please indicate the number of visits overall and by supported program(s). - HoA:	0	11 (6.6%)
	0 to 9	2 (1.2%)
	10 to 19	1 (0.6%)
	Other	152 (91.6%)
Q5_8 - Before the start of restrictions related to the COVID-19 pandemic in 2020, on average, approximately how many annual visits did you make to discrete towns/communities to provide outreach services? Please indicate the number of visits overall and by supported program(s). - Other outreach program	0	9 (5.0%)
	0 to 9	11 (6.1%)
	10 to 19	6 (3.3%)
	20 to 29	5 (2.8%)
	30 to 90	5 (2.8%)
	90+	2 (1.1%)
	other	142 (78.5%)
	Unknown	1 (0.6%)
Q7 - Can you estimate what proportion of the outreach services you provide are billed under Medicare?	0	62 (22.8%)
	0 to 9	10 (3.7%)
	10 to 19	6 (2.2%)
	20 to 29	3 (1.1%)
	30 to 90	23 (8.5%)
	90+	116 (42.6%)
	other	28 (10.3%)
Unknown	24 (8.8%)	

Table 8: Recruitment and retention

Question	Response	Total
Q9 - Were you involved in providing outreach programs to rural and remote communities before receiving financial support for outreach service delivery?	Yes	108 (41.7%)
	No	151 (58.3%)
	No response	18
Q10 - If additional funding was available to expand outreach services, would you be willing to increase the number/length of visits?	Yes	206 (81.1%)
	No	48 (18.9%)
	No response	18

Table 9: Specific aspects of delivering outreach

Question	Response	Total
Q12 - When considering all the outreach locations that you visit, how well are things coordinated locally to maximise the effectiveness of your visits?	Very well coordinated	94 (37.9%)
	Quite well coordinated	81 (32.7%)
	Moderately well coordinated	42 (16.9%)
	Slightly well coordinated	19 (7.7%)
	Not well coordinated	12 (4.8%)
	No response	10
Q14 - When considering all the outreach locations that you visit, how strong is the overall collaboration between you and local staff in the locations you visit?	Very strong	106 (43.3%)
	Quite strong	86 (35.1%)
	Moderately strong	33 (13.5%)
	Slightly strong	10 (4.1%)
	Not strong	10 (4.1%)
	No response	10
Q16 - Which of these categories of local staff do you regularly contribute to upskilling at the service locations you visit:	GP	105 (35.6)
	Medical officer	49 (16.6)
	Nursing staff	96 (32.5)
	Aboriginal Health Workers	107 (36.3)
	Allied health staff	73 (24.7)
	Other health staff, please describe	44 (14.9)
	I do not regularly contribute to upskilling local staff	60 (20.3)
Q17 - How important is it for outreach providers to play a key role in upskilling local staff of the service locations they visit?	Very important	134 (54.7%)
	Quite important	64 (26.1%)
	Moderately important	35 (14.3%)
	Slightly important	8 (3.3%)
	Not important	4 (1.6%)
	No response	11
Q18 - If you had additional time and/or resources, would you like to devote more time to building capacity (i.e. workforce knowledge and skills transfer) at outreach locations?	Yes	214 (87.0%)
	No	32 (13.0%)
	No response	11
Q20 - How would you assess your level of preparedness to deliver outreach services in a culturally competent manner?	Very prepared	90 (39.3%)
	Quite prepared	100 (43.7%)
	Moderately prepared	34 (14.8%)
	Slightly prepared	4 (1.7%)
	Not prepared	1 (0.4%)
	No response	8
Q23 - When considering all the outreach locations that you visit, how would you assess the overall quality of communication on clinical care matters before and after consultation between you and your patient's GP/health service to facilitate continuity of care in outreach locations?	Very strong	63 (28.0%)
	Quite strong	76 (33.8%)
	Moderately strong	54 (24.0%)
	Slightly strong	20 (8.9%)
	Not strong	12 (5.3%)
	No response	9
Q24 - When considering all the outreach locations that you visit, how would you assess the overall effectiveness of the referral pathways for patients	Very effective	44 (19.6%)
	Quite effective	85 (37.9%)
	Moderately effective	68 (30.4%)
	Slightly effective	22 (9.8%)

Question	Response	Total
who require further treatment or services (e.g. surgery or a diagnostic procedure)?	Not effective	5 (2.2%)
	No response	10
Q26 - When considering all the outreach locations that you visit, how would you rate overall processes to promote patient quality and clinical safety (i.e. patient feedback, reporting of clinical incidents, personal safety in clinic, etc).	Very strong	55 (24.8%)
	Quite strong	76 (34.2%)
	Moderately strong	53 (23.9%)
	Slightly strong	23 (10.4%)
	Not strong	15 (6.8%)
	No response	10
Q28 - When considering all the outreach locations that you visit, how would you assess the overall amount of administrative work required to deliver outreach services (e.g. reporting to fundholders, communication with other providers)?	Very high	53 (23.7%)
	Quite high	78 (34.8%)
	Moderate	71 (31.7%)
	Quite low	22 (9.8%)
	No response	10
Q30 - When considering all the outreach locations that you visit, how effective are outreach services in improving access to health services for populations in regional, rural and remote communities?	Very effective	97 (43.3%)
	Quite effective	79 (35.3%)
	Moderately effective	38 (17.0%)
	Slightly effective	7 (3.1%)
	Not effective	3 (1.3%)
	No response	10

Table 10: Telehealth in outreach service delivery

Question	Response	Total
Q32 - When considering all the outreach locations that you visit, to what extent do you use telehealth (provider to patient) to support the delivery of outreach services?	Very frequent use	37 (17.8%)
	Quite frequent use	27 (13.0%)
	Moderate use	30 (14.4%)
	Occasional use	47 (22.6%)
	Limited to no use	67 (32.2%)
	No response	8
Q34 - Are you using telehealth more than you did since before the start of the COVID-19 pandemic?	Yes	132 (63.8%)
	No	75 (36.2%)
	No response	8

Appendix 3D: Results of outreach host provider survey

Table 11: Number of host provider respondents included and response rates by Fundholder

Fundholder	Started survey		Denominator	Included (%)	Response rate (%)
	<10% completed	Included			
CheckUP	9	8	124	47.1	6.5
HoA	3	2	55	40.0	3.6
NSW RDN	16	25	56	61.0	44.6
NT Health	5	10	Unknown	66.7	Unknown
NT PHN	6	9	40	60.0	22.5
RDWA	8	11	54	57.9	20.4
RHW	3	10	21	76.9	47.6
RWAV	2	7	13	77.8	53.8
TAZREACH	5	5	57	50.0	8.8
Total	57	87	Unknown	60.4	Unknown

Table 12: Host provider information

Question	Response	Total
Q1 - Are you responding on behalf of multiple host provider clinics?	Yes	34 (47.9%)
	No	37 (52.1%)
Q4 - Please check the following as they apply to your host provider clinic:	Hospital service	9 (10.3)
	Aboriginal Medical Service	23 (26.4)
	Aboriginal Community Controlled Health Organisation	29 (33.3)
	Non-Indigenous health clinic	5 (5.7)
	Other, please elaborate.	19 (21.8)
Q5 - Which of the following services are addressed by the outreach services provided through your host provider clinic? Please select all that apply.	Chronic disease (i.e. diabetes, COPD)	42 (48.3)
	Ear health	33 (37.9)
	Eye health	36 (41.4)
	Mental health	34 (39.1)
	Pain management	12 (13.8)
	Maternal health	24 (27.6)
	Paediatric health	31 (35.6)
	Cardiology	30 (34.5)
	Dermatology	7 (8.0)
	Other condition(s), please specify.	24 (27.6)
Q6 - Over the last 12 months, approximately how many times have health providers visited your clinic to deliver outreach services?	1-10 visits	6 (11.8%)
	10-50 visits	28 (54.9%)
	50-100 visits	4 (7.9%)
	100-200 visits	4 (7.9%)
	200+ visits	1 (2.0%)
	Varies or unsure	8 (15.7%)

Table 13: Specific aspects of hosting outreach services

Question	Response	Total
	Very important	62 (96.9%)
	Quite important	2 (3.1%)

Question	Response	Total
Q7 - How important are the outreach services currently provided through your clinic to the health of people in your community?	No response	8
Q10 - Are there specific outreach services not currently provided through your clinic that would make a positive difference to the health of people in the community?	Yes	52 (86.7%)
	No	8 (13.3%)
	No response	11
Q8 - What are the (up to three) most important outreach services provided through your clinic?	Chronic disease (i.e. diabetes, COPD)	38 (43.7)
	Ear health	8 (9.2)
	Eye health	18 (20.7)
	Mental health	25 (28.7)
	Pain management	3 (3.4)
	Maternal health	11 (12.6)
	Paediatric	22 (25.3)
	Dermatology	3 (3.4)
	Cardiology	19 (21.8)
	Other service(s), please specify.	27 (31.0)
Q9 - What are the (up to three) least important outreach services provided through your clinic?	Chronic disease (i.e. diabetes, COPD)	2 (2.3)
	Ear health	5 (5.7)
	Eye health	3 (3.4)
	Mental health	2 (2.3)
	Pain management	17 (19.5)
	Maternal health	4 (4.6)
	Paediatric	5 (5.7)
	Dermatology	15 (17.2)
	Cardiology	5 (5.7)
	Other service(s), please specify.	27 (31.0)
Q10 - Are there specific outreach services not currently provided through your clinic that would make a positive difference to the health of people in the community?	Yes	52 (86.7%)
	No	8 (13.3%)
	No response	11
Q11 - How would you rate the level of involvement of the clinic in planning outreach services provided through your clinic?	Would like a lot more involvement	8 (15.1%)
	Would like more involvement	12 (22.6%)
	Satisfied with the level of involvement	33 (62.3%)
	No response	6
Q13 - Who do predominantly work with to coordinate outreach services provided through your clinic?	Outreach providers	38 (43.7)
	Provider organisation(s)	10 (11.5)
	Outreach program fundholder(s)	11 (12.6)
	Other, please specify.	5 (5.7)
Q14 - How well coordinated are the current outreach services provided through your clinic?	Very well coordinated	21 (39.6%)
	Quite well coordinated	22 (41.5%)
	Moderately well coordinated	9 (17.0%)
	Not well coordinated	1 (1.9%)
	No response	6
Q16 - How strong is the collaboration between the clinic and outreach providers who deliver services through your clinic?	Very strong	30 (56.6%)
	Quite strong	17 (32.1%)
	Moderately strong	5 (9.4%)
	Slightly strong	1 (1.9%)
	No response	6
Q18 - Of the outreach providers providing services in the community, how many regularly spend time building capacity in your clinic (i.e. training and upskilling of staff)?	All of them	9 (17.0%)
	Many of them	10 (18.9%)
	Some of them	18 (34.0%)
	A few of them	8 (15.1%)
	None of them	8 (15.1%)
	No response	6
Q20 - Of the outreach providers providing services in the community, how many demonstrate	All of them	29 (54.7%)
	Many of them	14 (26.4%)
	Some of them	9 (17.0%)

Question	Response	Total
appropriate levels of cultural competence and sensitivity in the way they deliver services?	A few of them	1 (1.9%)
	No response	6
Q22 - How well do the outreach services integrate into the day-to-day care provided through your clinic (i.e. use of clinic information and recall systems, how visiting providers liaise with your team and ensure appropriate patient referrals).	Very well	18 (39.1%)
	Quite well	15 (32.6%)
	Moderately well	12 (26.1%)
	Not well	1 (2.2%)
	No response	7
Q24_1 - How would you rate the frequency (how many times a year), regularity (at regular intervals during the year) and reliability (services are maintained over multiple years) of outreach services provided through your clinic? - Frequency	Much too frequent	1 (2.3%)
	Slightly too frequent	3 (6.8%)
	Frequent enough	21 (47.7%)
	Slightly too infrequent	17 (38.6%)
	Much too infrequent	2 (4.5%)
	No response	8
Q24_2 - How would you rate the frequency (how many times a year), regularity (at regular intervals during the year) and reliability (services are maintained over multiple years) of outreach services provided through your clinic? - Regularity	Very regular	9 (20.9%)
	Quite regular	9 (20.9%)
	Regular enough	19 (44.2%)
	Slightly irregular	4 (9.3%)
	Very irregular	2 (4.7%)
	No response	8
Q24_3 - How would you rate the frequency (how many times a year), regularity (at regular intervals during the year) and reliability (services are maintained over multiple years) of outreach services provided through your clinic? - Reliability	Very reliable year-on-year	17 (41.5%)
	Quite reliable year-on-year	10 (24.4%)
	Reliable enough year-on-year	10 (24.4%)
	Slightly unreliable year-on-year	3 (7.3%)
	Very unreliable year-on-year	1 (2.4%)
	No response	9
Q26 - How would you rate processes in place at your clinic to promote patient safety and clinical quality (i.e. patient feedback, reporting of clinical incidents, personal safety in clinic, etc).	Very strong	18 (39.1%)
	Quite strong	17 (37.0%)
	Moderately strong	9 (19.6%)
	Slightly strong	2 (4.3%)
	No response	7
Q28 - How accessible are outreach services provided through your clinic to the people in the local community?	Very accessible	27 (57.4%)
	Quite accessible	13 (27.7%)
	Moderately accessible	6 (12.8%)
	Slightly accessible	1 (2.1%)
	No response	7

Table 14: Telehealth in outreach service delivery

Question	Response	Total
Q32 - How accessible are telehealth facilities to support outreach services provided through your clinic?	Very accessible	17 (37.8%)
	Quite accessible	10 (22.2%)
	Moderately accessible	11 (24.4%)
	Slightly accessible	6 (13.3%)
	Not accessible	1 (2.2%)
	No response	7
Q33 - What is the level of use of the telehealth facilities by your clinic to support outreach services?	Very frequent use	6 (13.0%)
	Quite frequent use	7 (15.2%)
	Moderate use	15 (32.6%)
	Occasional use	10 (21.7%)
	Limited to no use	8 (17.4%)
	No response	7
Q34 - Does your service use Tele-Derm to support the delivery of outreach dermatology services?	Moderate use	1 (2.4%)
	Occasional use	4 (9.5%)
	Limited to no use	37 (88.1%)
	No response	8
Q35 - What has happened to the level of telehealth utilisation since the start of the COVID-19 pandemic?	Increased significantly	27 (58.7%)
	Increased slightly	10 (21.7%)
	Remained the same	6 (13.0%)
	Decreased slightly	3 (6.5%)
	No response	7

Appendix 3E: National workforce bodies survey form

Start of Block: Default Question Block

Introduction **Evaluation of outreach services - Survey of workforce bodies**

The purpose of this survey is to find out how effectively outreach services are planned, coordinated and delivered to meet the health needs of communities across Australia. It is for an evaluation of outreach programs being undertaken by Health Policy Analysis, on behalf of the Australian Government Department of Health. We recognise that your organisation and/or members may be impacted by or involved in the delivery of these outreach programs, and we would value your feedback for the evaluation.

We anticipate that the survey will take about 10-15 minutes to complete. A link has been provided to the survey. You may return to this link on several occasions. Please complete the survey from the perspective of your organisation. Feel free to ask others within your organisation for input into any question. The information that you provide will be kept strictly confidential and will not be used for any other purpose than the evaluation of the outreach services. The survey should be completed by **[Date]**. Thank you in advance for your time.

If you would like any further information about this survey or the evaluation, please contact Health Policy Analysis on (02) 8065 6491 or info@healthpolicy.com.au.

End of Block: Default Question Block

Start of Block: Block 1

Q1 Thinking about available policy options, please comment on the importance of outreach services in improving access to health services in rural and remote locations.

Q2 How effective have the following outreach programs been in improving access to target population(s). Select "Not applicable or don't know" for those programs that you're not aware of:

	Very effective (1)	Somewhat effective (2)	Not very effective (3)	Not applicable or don't know (4)
Medical Outreach Indigenous Chronic Disease Program (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rural Health Outreach Fund (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rural Health Outreach Fund - Pain Management Services (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Optometrists Scheme (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy Ears - Better Hearing, Better Listening (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye and Ear Surgical Support (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart of Australia (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tele-Derm (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3 What are the top three barriers limiting participation/effectiveness of the outreach programs?

1. (4) _____
2. (5) _____
3. (6) _____

Q3B What enablers can be leveraged?

Q4 Which of the following would strengthen outreach services? Select all that apply.

- Better integration between the programs and local services. (1)
 - Funding for more providers to participate in providing outreach services. (2)
 - More support for host services to coordinate outreach provider visits. (3)
 - More flexible funding to support innovation and/or meet local service needs. (4)
 - Other, please elaborate. (7)
-

Q5 From your knowledge of the outreach programs, please comment on the service delivery models and whether they are fit-for-purpose? List each program that you would like to comment on. Are there alternative service models you would suggest?

Q6 Are there any other issues you would like to raise that should be considered in the evaluation of the outreach programs?

Appendix 3F: Host provider survey form

Start of Block: Introduction

Introduction

Evaluation of outreach services - Survey of host providers

This is a survey of providers hosting outreach services. An outreach host provider (also known as a host service, host facility, etc.) is defined as the community service in which outreach services are provided. The purpose of the survey is to find out how effectively outreach services are planned, coordinated and delivered to meet the health needs of communities across Australia. It is for an evaluation of outreach programs being undertaken by Health Policy Analysis, on behalf of the Australian Government Department of Health. We understand that you may be responsible for more than one clinic. **Please base your responses to the survey questions on one of the clinics that you service.**

We anticipate that the survey will take about 15-20 minutes to complete. A link has been provided to the survey, and you may return to this link on several occasions. The survey should be completed by **[Date]**. Thank you in advance for your time.

The information that you provide in this survey will be kept strictly confidential and will not be used for any purpose other than the evaluation of the outreach programs. You or your organisation will not be identified in reports analysing ratings or views expressed in this survey. Reports will only contain descriptive information on the different types of host providers (e.g. reflecting geographic locations such as rural, remote, very remote).

If you are having a problem completing the survey or would like to ask us any related questions, please feel free to e-mail or call Christine Stone and/or Ian Brownwood, (cstone@healthpolicy.com.au or ibrownwood@healthpolicy.com.au) or mobile (432 752 157) directly. We would welcome your enquiry.

End of Block: Introduction

Start of Block: Section 1: Respondent and host provider information

Section 1: Respondent and host provider information

Q1 Are you responding on behalf of multiple host provider clinics?

Yes (1)

No (2)

Display This Question:

Are you responding on behalf of multiple host provider clinics? = Yes

Q1B If yes, please base your responses to the following questions on one of the clinics that you service.

Q2 Please provide the following contact details:

Name (1) _____

Host provider clinic (2) _____

Position (5) _____

Email (6) _____

Mobile (13) _____

Q3 Briefly describe the nature of your role at the host provider clinic.

Q4 Please check the following as they apply to your host provider clinic:

Hospital service (1)

Aboriginal Medical Service (2)

Aboriginal Community Controlled Health Organisation (3)

Non-Indigenous health clinic (4)

Other, please elaborate. (5) _____

Q5 Which of the following services are addressed by the outreach services provided through your host provider clinic? Please select all that apply.

- Chronic disease (i.e. diabetes, COPD) (1)
 - Ear health (2)
 - Eye health (3)
 - Mental health (4)
 - Pain management (5)
 - Maternal health (6)
 - Paediatric health (7)
 - Cardiology (8)
 - Dermatology (9)
 - Other condition(s), please specify. (10)
-

Q6 Over the last 12 months, approximately how many times have health providers visited your clinic to deliver outreach services?

Section 2 Specific aspects of hosting outreach services

Q7 How important are the outreach services currently provided through your clinic to the health of people in your community?

Very important (1)

Quite important (2)

Moderately important (3)

Slightly important (4)

Not important (5)

Q8 What are the (up to three) most important outreach services provided through your clinic?

Chronic disease (i.e. diabetes, COPD) (4)

Ear health (5)

Eye health (6)

Mental health (7)

Pain management (8)

Maternal health (9)

Paediatric (10)

Dermatology (11)

Cardiology (12)

Other service(s), please specify. (13) _____

Q8B Please elaborate on why these are the most important outreach services.

Q9 What are the (up to three) least important outreach services provided through your clinic?

Chronic disease (i.e. diabetes, COPD) (4)

Ear health (5)

Eye health (6)

Mental health (7)

Pain management (8)

Maternal health (9)

Paediatric (10)

Dermatology (11)

Cardiology (12)

Other service(s), please specify. (13) _____

Q9B Please elaborate on why these are the least important outreach services.

Q10 Are there specific outreach services not currently provided through your clinic that would make a positive difference to the health of people in the community?

Yes (1)

No (2)

Display This Question:

If Are there specific outreach services not currently provided through your clinic that would make a... = Yes

Q10B If yes, what are they? Please list up to three outreach services.

1. (1) _____

2. (2) _____

3. (3) _____

Q11 How would you rate the level of involvement of the clinic in planning outreach services provided through your clinic?

Would like a lot more involvement (1)

Would like more involvement (2)

Satisfied with the level of involvement (3)

Would like less involvement (4)

Would like no involvement (5)

Q12 What are the 3 most important ways your clinic's involvement in the planning of outreach services could be improved.

1. (1) _____

2. (2) _____

3. (3) _____

Q13 Who do predominantly work with to coordinate outreach services provided through your clinic?

Outreach providers (1)

Provider organisation(s) (2)

Outreach program fundholder(s) (3)

Other, please specify. (4) _____

Q14 How well coordinated are the current outreach services provided through your clinic?

Very well coordinated (1)

Quite well coordinated (2)

Moderately well coordinated (3)

Slightly well coordinated (4)

Not well coordinated (5)

Q15 What are the 3 most important things that would need to happen to improve the coordination (i.e. the organisation and management process) of outreach services provided through your clinic?

1. (1) _____

2. (2) _____

3. (3) _____

Q16 How strong is the collaboration between the clinic and outreach providers who deliver services through your clinic?

Very strong (1)

Quite strong (2)

Moderately strong (3)

Slightly strong (4)

Not strong (5)

Q17 What are the 3 most important things that would need to happen to improve the collaboration between the clinic and outreach providers who deliver services through your clinic?

1. (1) _____

2. (2) _____

3. (3) _____

Q18 Of the outreach providers providing services in the community, how many regularly spend time building capacity in your clinic (i.e. training and upskilling of staff)?

All of them (1)

Many of them (2)

Some of them (3)

A few of them (4)

None of them (5)

Q19 Please provide specific examples of how capacity is being built by an outreach provider group that regularly spends time building capacity in your organisation.

Q20 Of the outreach providers delivering services in the community, how many demonstrate appropriate levels of cultural competence and sensitivity in the way they deliver services?

All of them (1)

Many of them (2)

Some of them (3)

A few of them (4)

None of them (5)

Display This Question:

If Of the outreach providers delivering services in the community, how many demonstrate appropriate... = Some of them

And Of the outreach providers delivering services in the community, how many demonstrate appropriate... = A few of them

And Of the outreach providers delivering services in the community, how many demonstrate appropriate... = None of them

Q20B If you did not answer 'all of them' or 'many of them' in your previous response, how can outreach providers better demonstrate appropriate levels of cultural competence and sensitivity in the way they delivery services?

Q21 Please provide specific examples of how cultural competency is exhibited by an outreach provider group that demonstrates a high level of cultural awareness.

Q22 How well do the outreach services integrate into the day-to-day care provided through your clinic (i.e. use of clinic information and recall systems, how visiting providers liaise with your team and ensure appropriate patient referrals).

Very well (1)

Quite well (2)

Moderately well (3)

Slightly well (4)

Not well (5)

Q23 What are the 3 most important ways in which outreach services could be better integrated into the day-to-day care provided through your clinic?

1. (1) _____

2. (2) _____

3. (3) _____

Q24 How would you rate the frequency (how many times a year), regularity (at regular intervals during the year) and reliability (services are maintained over multiple years) of outreach services provided through your clinic?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Frequency (1)	<input type="checkbox"/> Much too frequent (1)...Much too infrequent (5)
<input type="checkbox"/> Regularity (2)	<input type="checkbox"/> Much too frequent (1)...Much too infrequent (5)
<input type="checkbox"/> Reliability (3)	<input type="checkbox"/> Much too frequent (1)...Much too infrequent (5)

Q25 Feel free to provide additional comments on the frequency, regularity and reliability of outreach services.

Q26 How would you rate processes in place at your clinic to promote patient safety and clinical quality (i.e. patient feedback, reporting of clinical incidents, personal safety in clinic, etc).

Very strong (1)

Quite strong (2)

Moderately strong (3)

Slightly strong (4)

Not strong (5)

Q27 What are the 3 most important ways in which overall patient safety and clinical quality could be improved at your clinic?

1. (1) _____

2. (2) _____

3. (3) _____

Q28 How accessible are outreach services provided through your clinic to the people in the local community?

Very accessible (1)

Quite accessible (2)

Moderately accessible (3)

Slightly accessible (4)

Not accessible (5)

Q29 What are the 3 most important barriers (e.g. financial, travel, awareness, etc.) for people in the local community in accessing the existing outreach services provided through your clinic?

1. (1) _____

2. (2) _____

3. (3) _____

Q30 Please describe how outreach programs interact with the patient assisted travel schemes provided in the local community.

End of Block: Section 2: Specific aspects of hosting outreach services

Start of Block: Section 3: Telehealth in outreach service delivery

Section 3 Telehealth in outreach service delivery

Q31 Please describe the ways in which telehealth is currently used by your clinic to support outreach services.

Q32 How accessible are telehealth facilities to support outreach services provided through your clinic?

Very accessible (1)

Quite accessible (2)

Moderately accessible (3)

Slightly accessible (4)

Not accessible (5)

Q33 What is the level of use of the telehealth facilities by your clinic to support outreach services?

Very frequent use (1)

Quite frequent use (2)

Moderate use (3)

Occasional use (4)

Limited to no use (5)

Q34 Does your service use Tele-Derm to support the delivery of outreach dermatology services?

Very frequent use (1)

Quite frequent use (2)

Moderate use (3)

Occasional use (4)

Limited to no use (5)

Q35 What has happened to the level of telehealth utilisation since the start of the COVID-19 pandemic?

Increased significantly (1)

Increased slightly (2)

Remained the same (3)

Decreased slightly (4)

Decreased significantly (5)

Q36 Please elaborate on any barriers (for example, access to infrastructure, internet connection/reliability, service costs, community willingness, cultural barriers) your clinic faces in providing effective telehealth services to support outreach services.

Q37 What are the 3 most important things that need to happen to enable telehealth to be used more effectively to support the outreach services provided through your clinic?

1. (1) _____

2. (2) _____

3. (3) _____

End of Block: Section 3: Telehealth in outreach service delivery

Start of Block: Section 4: Barriers and enablers to hosting outreach services

Section 4: Barriers and enablers to hosting outreach services

Q38 What are the top 3 things that make hosting outreach services easier?

1. (1) _____

2. (2) _____

3. (3) _____

Q39 What are the top 3 things that make hosting outreach services more challenging?

1. (1) _____

2. (2) _____

3. (3) _____

Q40 Feel free to provide additional comment on efficiency issues and potential opportunities to improve productivity.

End of Block: Section 4: Barriers and enablers to hosting outreach services

Start of Block: Section 5: Recommendations and further comments

Section 5: Recommendations and further comments

Q41 What are the top 3 things that would enhance outreach services provided through your clinic to people in the local community (e.g. stronger coordination, collaboration, capacity building).

1. (4) _____

2. (5) _____

3. (6) _____

Q42 Feel free to provide any additional comments that may inform the evaluation of outreach services.

End of Block: Section 5: Recommendations and further comments

Appendix 3G: Outreach provider survey form

Start of Block: Introduction

Introduction

Evaluation of outreach services - Survey of providers

You have been invited to complete this survey as a provider of outreach services. An outreach provider is defined as an individual health professional delivering outreach services. The purpose of the survey is to find out how effectively outreach services are planned, coordinated and delivered to meet the health needs of communities across Australia. It is for an evaluation of outreach programs being undertaken by Health Policy Analysis, on behalf of the Australian Government Department of Health. We are aware that some respondents may work across multiple outreach locations and there may be variation across locations. Please provide responses that consider your experience across all locations that you deliver outreach services.

We anticipate that the survey will take about 15-20 minutes to complete. A link has been provided to the survey, and you may return to this link on several occasions.

The survey should be completed by **[Date]**. Thank you in advance for your time.

The information that you provide in this survey will be kept strictly confidential and will not be used for any purpose other than the evaluation of the outreach programs. You will not be identified in reports analysing ratings or views expressed in this survey. Reports will only contain descriptive information on the different types of providers and the settings in which they deliver outreach services (e.g. reflecting clinical profession and high-level geographic locations such as rural, remote, very remote).

If you are having a problem completing the survey or would like to ask us any related questions, please feel free to e-mail or call Christine Stone and/or Ian Brownwood, (cstone@healthpolicy.com.au or ibrownwood@healthpolicy.com.au) or mobile (432 752 157) directly. We would welcome your enquiry.

Section 1 Outreach provider information

Q1 Please provide the following contact details:

*Primary place of employment is where you usually work, not necessarily outreach.

- Name (1) _____
 - Email: (2) _____
 - Mobile: (3) _____
 - Profession: (4) _____
 - Medical specialty (if applicable): (5) _____
 - Medical sub-specialty (if applicable): (6)

 - Employment/business arrangement for primary employment* (e.g. private practice, non-government organisation, hospital): (7)

 - City/town of primary place of employment: * (8)

 - State/Territory of primary place of employment: * (9)

-

Q2 Are you one of the following?

- Undergraduate student (1)
- Postgraduate trainee (2)
- None of the above (3)

Q3 Do you know which of the following program(s) you are supported by in the delivery of outreach services? Please select all that apply.

- Medical Outreach Indigenous Chronic Disease Program (MOICDP) (1)
 - Rural Health Outreach Fund (RHOF) (2)
 - Rural Health Outreach Fund - Pain Management Services (RHOF PM) (3)
 - Visiting Optometrists Scheme (VOS) (4)
 - Eye and Ear Surgical Support (EESS) (5)
 - Healthy Ears - Better Hearing, Better Listening (HEBHBL) (6)
 - Heart of Australia (HoA) (7)
 - Tele-Derm (8)
 - Not applicable or don't know (9)
-

Q4 Who generally helps you organise your outreach visits? Please select all that apply.

- You/staff at primary place of employment (1)
- Fundholder organisation (2)
- Staff from the service(s) that you visit (3)
- PHN staff (4)
- Other, please describe. (5) _____

Q5 Before the start of restrictions related to the COVID-19 pandemic in 2020, on average, approximately how many annual visits did you make to discrete towns/communities to provide outreach services? Please indicate the number of visits overall and by supported program(s).

Total annual number of outreach visits: (1)

Medical Outreach Indigenous Chronic Disease Program (MOICDP): (2)

Rural Health Outreach Fund (RHOF): (3)

Visiting Optometrists Scheme (VOS): (4)

Eye and Ear Surgical Support (EESS): (5)

Healthy Ears - Better Hearing, Better Listening (HEBHBL): (6)

Heart of Australia (HoA): (7) _____

Other outreach program (8) _____

Q6 What towns do you regularly visit to deliver outreach services?

Location 1: (1) _____

Location 2: (2) _____

Location 3: (3) _____

Location 4: (4) _____

Location 5: (5) _____

Q7 Can you estimate what proportion of the outreach services you provide are billed under Medicare?

End of Block: Section 1: Outreach provider information

Section 2 Recruitment and retention of outreach providers

Q8 How did you get started in delivering outreach services?

Q9 Were you involved in providing outreach programs to rural and remote communities before receiving financial support for outreach service delivery?

Yes (1)

No (2)

Display This Question:

If Were you involved in providing outreach programs to rural and remote communities before receiving... = Yes

Q9A If yes, since receiving support under the program(s) listed above, have you expanded your provision of outreach services?

Q10 If additional funding was available to expand outreach services, would you be willing to increase the number/length of visits?

Yes (1)

No (2)

Display This Question:

If additional funding was available to expand outreach services, would you be willing to increase... = No

10B If no, please elaborate in your response.

Q11 What factors would affect your decision to discontinue providing outreach services?

End of Block: Section 2: Recruitment and retention of outreach providers

Start of Block: Section 3: Specific aspects of delivering outreach services

Section 3 Specific aspects of delivering outreach services

Q12 When considering all the outreach locations that you visit, how well are things coordinated locally to maximise the effectiveness of your visits?

- Very well coordinated (1)
- Quite well coordinated (2)
- Moderately well coordinated (3)
- Slightly well coordinated (4)
- Not well coordinated (5)

Q13 When considering all the outreach locations that you visit, what are the 3 most important things that would need to happen to improve the coordination of outreach services?

- 1. (1) _____
 - 2. (2) _____
 - 3. (3) _____
-

Q14 When considering all the outreach locations that you visit, how strong is the overall collaboration between you and local staff in the locations you visit?

- Very strong (1)
 - Quite strong (2)
 - Moderately strong (3)
 - Slightly strong (4)
 - Not strong (5)
-

Q15 When considering all the outreach locations that you visit, what are the 3 most important ways collaboration between yourself (or other outreach providers) and local staff could be improved?

- 1. (1) _____
 - 2. (2) _____
 - 3. (3) _____
-

Q16 Which of these categories of local staff do you regularly contribute to upskilling at the service locations you visit:

- GP (1)
 - Medical officer (2)
 - Nursing staff (3)
 - Aboriginal Health Workers (4)
 - Allied health staff (5)
 - Other health staff, please describe (6)
-
- I do not regularly contribute to upskilling local staff (7)

Q17 How important is it for outreach providers to play a key role in upskilling local staff of the service locations they visit?

Very important (1)

Quite important (2)

Moderately important (3)

Slightly important (4)

Not important (5)

Q18 If you had additional time and/or resources, would you like to devote more time to building capacity (i.e. workforce knowledge and skills transfer) at outreach locations?

Yes (1)

No (2)

Display This Question:

If you had additional time and/or resources, would you like to devote more time to building capacity... = Yes

Q18B If yes, please provide examples of the types of activities you would like to undertake.

Q19 Please describe the cultural awareness and safety training activities you have undertaken in your role as an outreach provider.

Q20 How would you assess your level of preparedness to deliver outreach services in a culturally competent manner?

Very prepared (1)

Quite prepared (2)

Moderately prepared (3)

Slightly prepared (4)

Not prepared (5)

Q21 What are the 3 most important ways cultural awareness and safety training activities associated with the delivery of outreach services could be improved?

1. (1) _____

2. (2) _____

3. (3) _____

Q22 When considering all the outreach locations that you visit, please describe how you generally communicate with a patient's GP/health service following a consultation with that patient?

Q23 When considering all the outreach locations that you visit, how would you assess the overall quality of communication on clinical care matters before and after consultation between you and your patient's GP/health service to facilitate continuity of care in outreach locations?

Very strong (1)

Quite strong (2)

Moderately strong (3)

Slightly strong (4)

Not strong (5)

Q24 When considering all the outreach locations that you visit, how would you assess the overall effectiveness of the referral pathways for patients who require further treatment or services (e.g. surgery or a diagnostic procedure)?

Very effective (1)

Quite effective (2)

Moderately effective (3)

Slightly effective (4)

Not effective (5)

Q25 When considering all the outreach locations that you visit, what are the 3 most important ways in which outreach services could be better integrated into the day-to-day care of your patient's GP/health service in outreach locations (i.e. use of clinical systems, patient documentation, referrals, etc.)?

1. (1) _____

2. (2) _____

3. (3) _____

Q26 When considering all the outreach locations that you visit, how would you rate overall processes to promote patient quality and clinical safety (i.e. patient feedback, reporting of clinical incidents, personal safety in clinic, etc.).

Very strong (1)

Quite strong (2)

Moderately strong (3)

Slightly strong (4)

Not strong (5)

Q27 When considering all the outreach locations that you visit, what are the 3 most important ways in which patient quality and clinical safety could be improved?

1. (1) _____

2. (2) _____

3. (3) _____

Q28 When considering all the outreach locations that you visit, how would you assess the overall amount of administrative work required to deliver outreach services (e.g. reporting to fundholders, communication with other providers)?

Very high (1)

Quite high (2)

Moderate (3)

Quite low (4)

Very low (5)

Q29 When considering all the outreach locations that you visit, what are the three most important ways administrative processes relating to the delivery of outreach services could be streamlined to improve program efficiency (i.e. communication with providers, reporting to fundholders)?

1. (1) _____

2. (2) _____

3. (3) _____

Q30 When considering all the outreach locations that you visit, how effective are outreach services in improving access to health services for populations in regional, rural and remote communities?

Very effective (1)

Quite effective (2)

Moderately effective (3)

Slightly effective (4)

Not effective (5)

Q31 When considering all the outreach locations that you visit, what are the 3 most important ways your outreach visits could be more effective?

1. (1) _____

2. (2) _____

3. (3) _____

End of Block: Section 3: Specific aspects of delivering outreach services

Start of Block: Section 4: Telehealth in outreach service delivery

Section 4 Telehealth in outreach service delivery

Q32 When considering all the outreach locations that you visit, to what extent do you use telehealth (provider to patient) to support the delivery of outreach services?

Very frequent use (1)

Quite frequent use (2)

Moderate use (3)

Occasional use (4)

Limited to no use (5)

Q33 When considering all the outreach locations that you visit, please describe the ways in which you use telehealth (provider to patient) to support the delivery of outreach services.

Q34 Are you using telehealth more than you did since before the start of the COVID-19 pandemic?

Yes (1)

No (2)

Display This Question:

If Are you using telehealth more than you did since before the start of the COVID-19 pandemic? = Yes

Q34B If yes, please elaborate.

Q35 When considering all the outreach locations that you visit, what are the 3 most important things that need to happen to enable telehealth to be used more effectively in your role as an outreach provider?

1. (1) _____

2. (2) _____

3. (3) _____

End of Block: Section 4: Telehealth in outreach service delivery

Start of Block: Section 5: Barriers and enablers to delivering outreach services

Section 5 Barriers and enablers to delivering outreach services

Q36 When considering all the outreach locations that you visit, what 3 things help the most with you being able to effectively deliver outreach services?

1. (1) _____

2. (2) _____

3. (3) _____

Q37 When considering all the outreach locations that you visit, what 3 things make it challenging to provide outreach services?

1. (1) _____

2. (2) _____

3. (3) _____

Q38 Feel free to provide additional comments on efficiency issues and potential opportunities to improve productivity.

End of Block: Section 5: Barriers and enablers to delivering outreach services

Start of Block: Section 6: Recommendations and further comments

Section 6 Recommendations and further comments

Q39 What are the top 3 improvements that would enhance your overall experience delivering outreach services (i.e. stronger coordination, partnerships, etc.)?

1. (1) _____

2. (2) _____

3. (3) _____

Q40 To what extent does your experience with outreach service delivery vary across locations? Please provide an example and elaborate in your response.

Q41 Feel free to provide any additional comments that may inform the evaluation of outreach services.
