CHECKUP

Outreach provider orientation guide

A guide designed for CheckUP Outreach providers

Acknowledgement of Country and commitment to diversity

CheckUP staff and board respectfully acknowledge the Traditional Custodians of the land on which we work and live, and recognise their continuing connection to the land, water and community. We pay respect to Elders past and present, and future leaders.

CheckUP strongly supports equality for all. We embrace diversity and condemn any kind of discrimination, be it on the basis of race, religion, ethnicity, sexual orientation, gender identity or disability.

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Welcome to Outreach

Welcome to CheckUP's Outreach Provider network, and thank you for partnering with us to improve access to health services for communities across Queensland. We value the important role providers play in delivering safe, high-quality and culturally responsive care, particularly in regional, rural and remote communities.

This guide hasbeen designed to help orientate you to your role as an Outreach Services Provider and provide key informationto support your service delivery. We look forward to working with you and supporting you to deliver your service/s.

Kind regards,

CheckUP Health Service

Click on the image below to view the "Healthcare closer to home" video.

Section 1: Introduction

The purpose of CheckUP's **Outreach provider orientation guide** is to provide essential information to health professionals and organisations contracted to deliver CheckUP funded Outreach services.

This guide supports new Outreach providers to transition into their role and the communities they are visiting. CheckUP has a two-step orientation process:

1. Completing CheckUP's Going All OUT for Outreach - Onboarding Microcredentialing program. This course prepares healthcare professionals and facility staff to be "Outreach ready" and deliver quality care in regional, rural and remote communities. For more information see the Course outline and How to Sign Up.
2. Reading this orientation guide.

Further CheckUP information can be accessed via www.checkup.org.au and CheckUP's social media platforms.

Section 2: CheckUP Outreach programs

CheckUP is the jurisdictional fundholder for the Australian Government Department of Health, Disability and Ageing's Outreach programs in Queensland. These programs help to improve outcomes through increasing access to medical specialist, general practitioner (GP), and allied health professional services.

CheckUP is committed to addressing the root causes of health disparities and working with communities to improve health outcomes for all.

For more information about our Outreach programs, including their priority areas visit About the Outreach Programs - CheckUP and Health services - CheckUP.

The Commonwealth funded Outreach programs are summarised below:

1. Rural Health Outreach Fund (RHOF)

Improves health outcomes for people living in regional, rural and remote locations by supporting the delivery of outreach health activities in Modified Monash Model (MM) MM3 – MM7 locations, addressing identified health issues and improving the coordination and mix of health activities. Focus is on these health priorities:

- maternity and paediatric health
- eye health
- mental health
- support for chronic disease management.

The intended outcomes of the RHOF are to improve access to health services (particularly in remote locations); reduce costs to patients accessing health services locally; and strengthen the capacity of primary care through upskilling of health professionals. Services are delivered in line with the RHOF Service Delivery Standards.

2. First Nations Health Outreach Service (FNHOS)

Increase access to culturally responsive, multidisciplinary care in primary health care settings for First Nations people with chronic disease, ear disease and to increase the range of services offered by visiting health professionals to prevent, detect, and manage chronic and ear disease more effectively.

3. Visiting Optometrists Scheme (VOS)

Increases access to optometry services for people living in regional, rural, and remote locations. This arrangement has been in operation since 1975 and is enabled under section 129A of the Health Insurance Act 1973. MM2 – MM7 locations are eligible for VOS services. The VOS is made up of an Indigenous and non-Indigenous component with the Indigenous component making up 40% of the total annual funding allocation in each jurisdiction.

4. Coordination of Indigenous Eye Health (CIEH)

Coordinates and promotes culturally safe and responsive approaches that improve experiences and outcomes for First Nations people across the eye care pathway. Linkages between the range of eye care services across the referral pathways and the activities delivered under MOICDP, RHOF, VOS and EESS are implemented in consultation with communities.

5. Eye and Ear Surgical Support Program (EESS)

Facilitates timely access to culturally appropriate surgical interventions to support First Nations people who require eye surgery (largely cataract) and/or ear surgery for conditions resulting from Otitis Media. Patients who reside in MM3 – MM7 locations are prioritised for EESS services.

2.1 Other Outreach programs

North Queensland Cancer Prevention Program (NQCP)

The NQCP aims to improve access to cervical cancer screening and skin cancer early detection services in under and never-screened populations in Far North Queensland, This includes improving capacity of the local workforce through the delivery of targeted upskilling opportunities and supporting health promotion activities in local communities. The program focuses on the regions within the Cairns and Hinterland Hospital and Health Service (HHS) and the Torres Cape HHS.

Skin Cancer Early Detection Service (SCED)

Creates fairer access to the professional assessment and treatment of skin cancer for people who have a skin cancer risk. SCED outreach clinics are conducted by GPs with qualifications and/or experience in the assessment and treatment of skin cancer, who have been commissioned to deliver SCED services in priority locations within five priority Hospital and Health Service (HHS) regions. Their services include full body dermoscopy, the sampling of suspicious lesions and treatments including cryotherapy, topical treatments and excisions.

This program is funded by the Queensland Government and is part of a Skin Cancer Prevention and Early Detection initiative. SCED Outreach services are being delivered in the following five priority Hospital and Health Service regions:

- South West HHS
- North West HHS
- Central Queensland HHS
- Townsville HHS
- Mackay HHS.

Rural Primary Health Service (RPHS)

Increases the number of people who are effectively managing their chronic condition (or chronic condition risk) in underserviced regional and remote communities and increase equitable access to sustainable primary healthcare services. This program is currently funded by the Country to Coast Primary Health Network and is currently delivered in the North Burnett, Discovery Coast and Central Queensland areas.

The RPHS aims to improve health outcomes and service access by specifically targeting priority areas and groups with high prevalence of risk behaviours, high rates of chronic conditions, high levels of socio-economic disadvantage and lower access to allied health and other health services.

The RPHS has a specific emphasis on the following health priorities:

- chronic disease
- primary healthcare access.

2.2 Program management

Outreach programs

CheckUP manages the Outreach programs through a Governance and Commissioning Framework, ensuring effective and efficient delivery in line with contractual requirements and Service Delivery Standards. Each program follows detailed plans outlining key activities, milestones, budgets, and timeframes, which are continuously monitored, and risk managed. Organisational policies and procedures support program implementation, covering governance, financial management, contract management, data management, and risk management.

CheckUP ensures the efficient, effective, economical, and ethical use of funds by:

- applying a standard costing framework
- implementing a comprehensive service planning process
- ensuring accountability through a robust funding model
- managing service provider contracts
- monitoring and adapting service delivery as needed
- evaluating service delivery impact.

Section 3: Regional approach

3.1 Regional Framework

CheckUP's Commissioning Framework is underpinned by the CheckUP Regional Framework, consisting of four regions across Queensland, including:

- Far North
- North-North West
- Central-Central West
- South West & South East.

The regions were designed in line with HHS boundaries and in consideration of tertiary referral pathways. The regional framework helps to ensure services are tailored to the unique needs of each region and is designed to enhance the effectiveness and efficiency of program delivery by considering regional demographics, healthcare needs, and resource availability.

3.2 Regional Coordinators

At CheckUP, four Regional Coordinators lead engagement and are the primary point of contact within their region.

They are responsible for consulting broadly and ensuring the views and expertise of First Nations people, communities and organisations are an integral part of the service planning process.

Regional engagement provides opportunities for the co-design of Outreach health services, ensuring that CheckUP's Outreach programs are responsive to local needs and challenges, thereby enhancing the overall effectiveness and impact of its services.

A Queensland map highlighting four regions is shown above.

3.3 Outreach Program Managers

Working in collaboration with the Regional Coordinators, CheckUP has Program Managers within the Health Services team who focus primarily on specific funding programs. These include:

- Eye and Ear Surgical Support – Surgical Services Manager
- Indigenous Eye Health Programs – Indigenous Eye Health Manager
- Skin Cancer Early Detection – Program Manager.

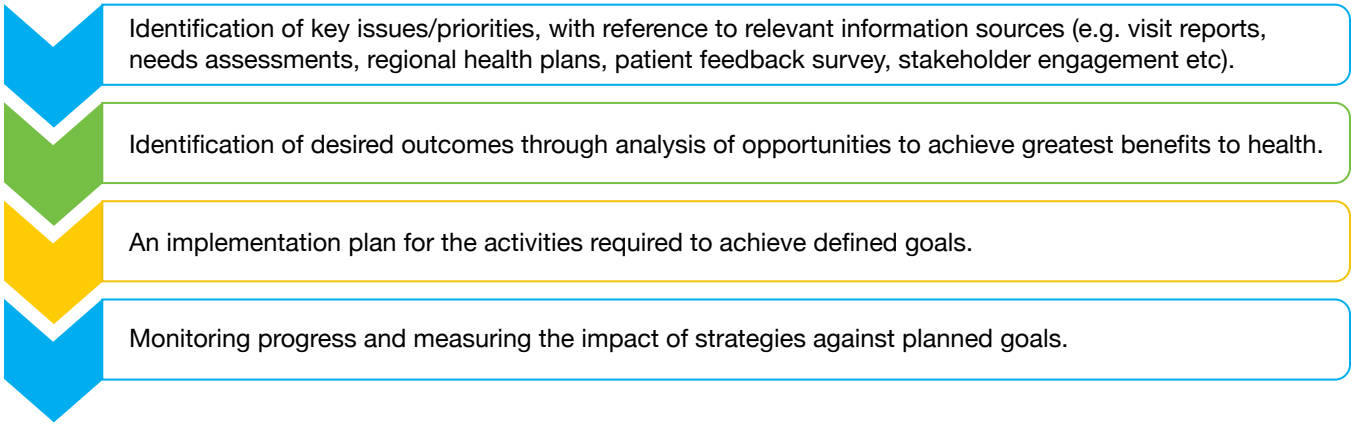
For updated Health Services team contact details, visit Meet the Health Services team - CheckUP.

Do you have Outreach questions? Contact us
Email: Outreachservices@checkup.org.au | Call (07) 3105 8300

Section 4: Service planning

4.1 CheckUP's service planning approach

CheckUP regularly undertakes a situational analysis to identify, assess and prioritise specific outreach service needs and priorities. The analysis includes a comprehensive review of specific activities, which inform the service plans for each year. Any ongoing priorities are carried forward to the new service delivery period. The framework used in CheckUP's approach is below:



Needs assessment and consultation

To ensure information about regional health needs and priorities remains current, CheckUP is committed to an ongoing comprehensive consultation and population health planning process.

Each year, working closely with stakeholders and providers, CheckUP builds a knowledge base around regional health needs and priorities to ensure Outreach services are effective, efficient and culturally appropriate.

Opportunities to participate in the needs assessment and consultation process are made available to providers and stakeholders each year. The Regional Coordinators play a central role in coordinating this process in each region, and consultations include regional representatives from, though not limited to, the following:

- Community and consumer groups
- Hospital and Health Services (HHSs)
- Primary Health Networks (PHNs)
- Aboriginal and Community Controlled Health Organisations (ACCHO's)
- Community Controlled Health Services (CCHSs)
- Regional Aboriginal and Islander Community Controlled Health Organisations (RAICCHOs)
- Non-Government Organisations (NGOs)
- General practice
- Other key health service providers in the region.

Service prioritisation

When prioritising need and reviewing service requests, CheckUP uses the Australian Government's Outreach Program Service Matrix scorecard to identify proposals addressing areas of greatest need.

Access Outreach Programs Service Delivery Standards.

Service design

Once a service need has been identified and prioritised, an appropriate service model, provider and facility are determined.

Regional Coordinators collaborate with stakeholders to design, implement and review these models for optimal access and integration with local services.

CheckUP supports outreach health service models that are:

- Tailored to priority health needs
- Taking a multidisciplinary approach
- Accessible for the consumer

- Culturally appropriate
- Safe and high quality
- Delivered efficiently
- Based locally where possible
- Well-coordinated to ensure effective care pathways
- Embedded within local health services utilising existing structures
- Supported by Aboriginal and Torres Strait Islander organisations
- Integrated with other services and population health strategies
- Adaptable to the barriers faced by providers and consumers.

By following these principles, CheckUP ensures that its health services are responsive, effective, and capable of meeting the diverse needs of communities across Queensland.

Models of care

A range of flexible outreach service delivery models are considered, such as:

Individual Outreach

Service provision provided to eligible communities by health professionals travelling to these locations from a larger town/city.

Cluster

Service provision to multiple communities from a variety of health professionals 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 health professionals travelling to remote communities.

Teleheath

Service provision provided through telecommunication technologies to exchange health information and provide health care services across geographic, time, social and cultural barriers.

**Whilst face to face service delivery is preferred by CheckUP and funders, a telehealth mode of delivery can be considered in certain circumstances. Please speak to the Health Services team prior to delivering telehealth, especially if you are funded for face-to-face service delivery.*

4.2 For Service Providers

Key considerations for CheckUP Outreach providers when setting up a service:

- nsure you have completed the Onboarding course within CheckUP's Going All OUT for Outreach Microcredentialing program. This course prepares healthcare professionals and facility staff to be "Outreach ready" and delivery quality care in regional, rural and remote communities. For more information see the Course outline and How to Register.
- Before commencing your service, it is important to be aware of key stakeholders within the communities you will be visiting, as well as key cultural and community information. Speak with your CheckUP Regional Coordinator and/or Program Manager for important contact and community information to help set up your service.
- Engage with a Premises Agreement with the Host Facility/Facilities you will be working from. Review Section 6.2 of this guide for more information.
- Outreach service providers are encouraged to coordinate an orientation visit before commencing their service. This can be arranged with your CheckUP Regional Coordinator and/or Program Manager and will be included as part of the allocated funding for a service.

Section 5: Program funding

5.1 Funding eligibility

The Outreach programs provide funding to support improved access to health services by reducing the barriers that are faced by health professionals to deliver services to regional, rural and remote locations.

Outreach Programs Service Delivery Standards, made available by the Department, are used to inform and guide expense reimbursement. Each Outreach program has its own set of eligible expenses that may be reimbursed. These expenses may include:

- Travel, meals and accommodation expenses for visiting health professionals to travel to the outreach location, such as flights, car hire, mileage. *Please note, costs are based on the most efficient and cost-effective means of travel to and from the outreach service location.*
- Host facility fees
- Upskilling/training associated with the outreach visit
- Rrientation to communities
- Cultural awareness training for non-salaried private providers
- Professional support associated with outreach services
- Coordination and administration of services
- Equipment lease
- Allied health and optometry student placements
- Travel time allowance (time away from practice)
- Backfilling and locum support for salaried health professionals
- Telehealth
- Workforce support (under exceptional circumstances, MM3 - MM7 locations only)
- Equipment purchase (VOS program only), and
- Hospital services limited to surgical support services provided (EESS program only).

For more detailed information on what is covered, as these can vary depending on the specific Outreach program, review the Service Delivery Standards which can be accessed via the CheckUP website: About the Outreach Programs - CheckUP or speak to the relevant Regional Coordinator or Program Manager.

5.2 How are services costed?

Services are costed by the Health Services team in consultation with the provider prior to contracting a service.

A service cost represents 'cost per visit' amount that will be paid to a provider after a visit is delivered and on submission of an Outcome Report (OR). The cost per visit amount is included in the provider's contract.

Each service will be allocated a cost per visit amount. *Please note, upfront lump sum payments are not made to providers for service delivery. Payments will only be made* ***after*** *a visit has been delivered and an Outcome Report has been submitted. See section 7 for more information about reporting and payments.*

Several elements that are considered when costing a service include:

- **Base location** - the base location is the provider's 'home' location. *CheckUP uses the base location to calculate travel time and travel expenses (mileage, taxi, flights etc.).*
- **Service location** - the facility location is where the service will be delivered. *CheckUP uses the service location to calculate travel time and travel expenses (mileage, taxi, flights etc.).*
- **Clinical sessions** - a clinical session is the amount of clinical time a provider spends at a facility. One clinical session is between 3.5 to 4 hours (half day). Two clinical sessions are 7 to 8 hours (full day) and so on. All services are allocated a number of clinical sessions. *CheckUP calculates Meals, Administration and Professional Support costing allocations by the number of clinical sessions a provider delivers at a facility.*

- **Service type** – the service type (specialist, general practitioner, and allied health) determines the defined rates to be used to calculate service costings. *CheckUP calculates Administration and Professional Support, Absence from Practice (travel time), and Workforce Support costing allocations based on the type of provider.*
- **Provider type** – the provider type (specialist, general practitioner, and allied health) determines the defined rates to be used to calculate service costings. *CheckUP calculates Administration and Professional Support, Absence from Practice (travel time), and Workforce Support costing allocations based on the type of provider.*
- **Outreach Program** – different programs have different expenses that can be reimbursed.

Service costs are based on the set rates/fees defined by CheckUP as outlined in the Service Delivery Standards. Please see the quick links (section 8.3) for access to these standards.

Section 6: Recruitment, contracting and program governance

6.1 Recruitment

CheckUP uses a multi-channel recruitment strategy to attract the most suitable provider to align with the service need and design.

CheckUP proactively engages with current providers to identify and recommend potential providers, leverage existing outreach provider networks, stakeholder networks, and professional associations. Where possible local providers are identified and recruited.

Additionally, an online expression of interest form is also available on CheckUP's website for those interested in becoming an Outreach provider - Become an Outreach Provider.

6.2 Contracting and clinical governance

CheckUP has a robust clinical governance framework to ensure services contracted are of the highest quality and safety standards. This framework, along with supporting policies and procedures, provides the directive that all contracted health service providers are required to deliver high quality, accountable, and clinically safe services.

All service providers working with CheckUP receive:

- **Outreach program terms and conditions**, an overarching contract between the provider and CheckUP without specific service details
- **Annual funding schedules** outlining the specific contracted service details for the financial year, including service, service location and frequency of visits
- **Contract variations** to funding schedules are completed throughout the year when and if changes are required.

CheckUP requires that all providers:

- Undertake the Indigenous Allied Health Australia (IAHA) Cultural Responsiveness Training, or equivalent training
- Comply or be working towards complying with, Child Safety requirements consistent with the Commonwealth Child Safety Framework.

Additional online training is also recommended to service providers, including Access for All (disability awareness for mainstream health providers) and Child Safety e-learning modules (focusing on the National Principles for Child Safe Organisations).

Premises Agreement

CheckUP recommends service providers enter into a Premises Agreement, e.g. Memorandum of Understanding (MOU) with the facility they are providing services into, as per the Agreement.

The development of a mutually agreed Premises Agreement will help establish a clear framework for service providers and facilities involved in the delivery of health services across Queensland. The document should clearly outline the roles, responsibilities and requirements of both parties to ensure safe, high-quality healthcare can be achieved.

The checklist is not exclusive and is only a guide for consideration in the development of mutually agreed clauses and processes. You can access the Premises Agreement document via our website here: Outreach provider information - CheckUP. If there are any issues, please contact your Regional Coordinator or another member of the Outreach Services team for assistance.

6.3 Program Management

Outreach Programs

CheckUP manages the Outreach programs through a Governance and Commissioning Framework, ensuring effective and efficient delivery in line with contractual requirements and Service Delivery Standards. Each program follows detailed plans outlining key activities, milestones, budgets, and timeframes, which are continuously monitored, and risk managed. Organisational policies and procedures support program implementation, covering governance, financial management, contract management, data management, and risk management.

CheckUP ensures the efficient, effective, economical, and ethical use of funds by:

- Applying a standard costing framework
- Implementing a comprehensive service planning process
- Ensuring accountability through a robust funding model
- Managing service provider contracts
- Monitoring and adapting service delivery as needed
- Evaluating service delivery impact.

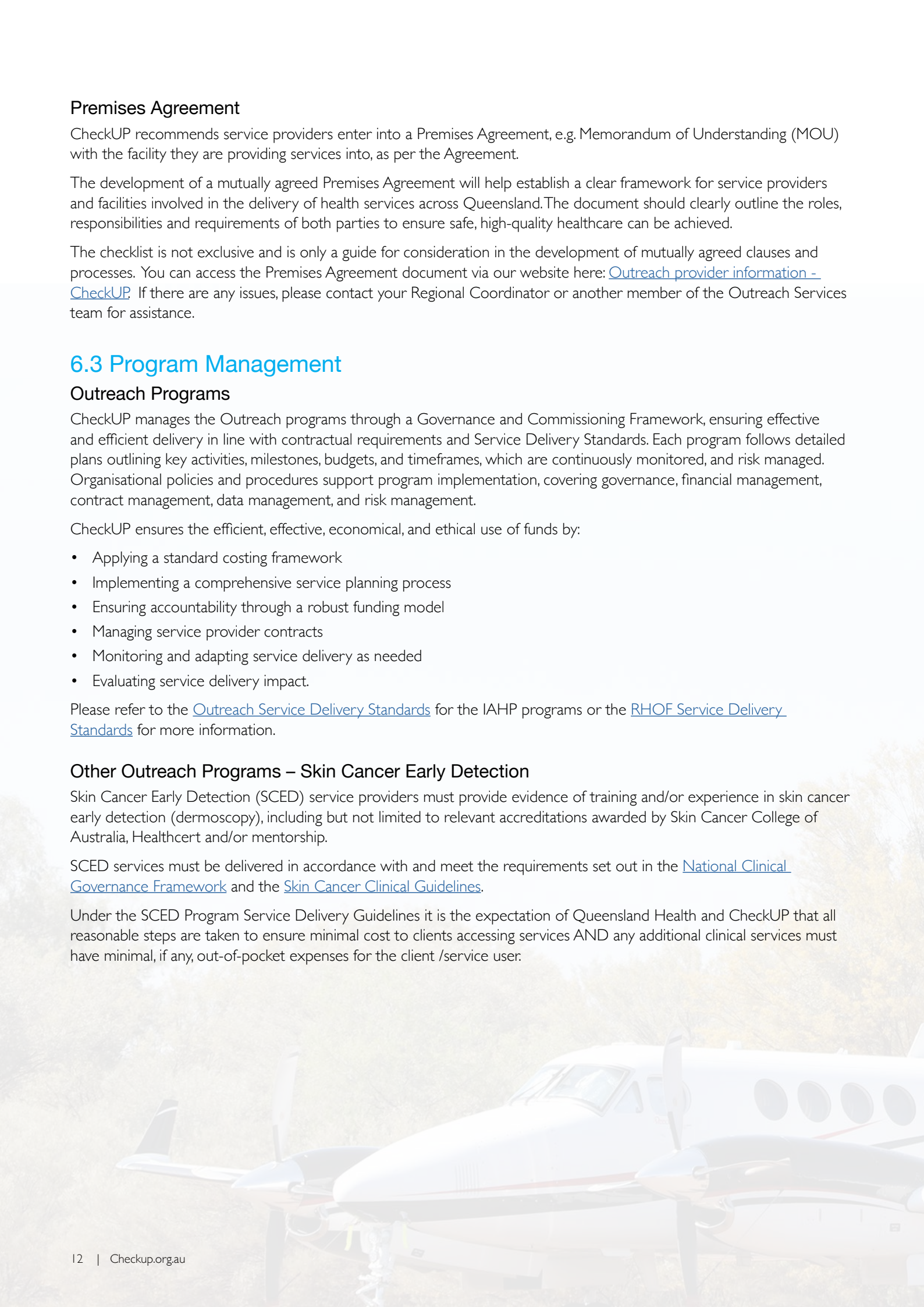
Please refer to the Outreach Service Delivery Standards for the IAHP programs or the RHOF Service Delivery Standards for more information.

Other Outreach Programs – Skin Cancer Early Detection

Skin Cancer Early Detection (SCED) service providers must provide evidence of training and/or experience in skin cancer early detection (dermoscopy), including but not limited to relevant accreditations awarded by Skin Cancer College of Australia, Healthcert and/or mentorship.

SCED services must be delivered in accordance with and meet the requirements set out in the National Clinical Governance Framework and the Skin Cancer Clinical Guidelines.

Under the SCED Program Service Delivery Guidelines it is the expectation of Queensland Health and CheckUP that all reasonable steps are taken to ensure minimal cost to clients accessing services AND any additional clinical services must have minimal, if any, out-of-pocket expenses for the client /service user.



Section 7: Outreach visits and reporting

7.1 Service delivery and monitoring

The Outreach Service List is the list of Outreach services that CheckUP commissions for delivery in the financial year. This list of services is continuously adapted throughout the year to respond to changing provider capacity and community needs.

You can find the services list publicly on the CheckUP website here: Outreach Service List – CheckUP. To find services in your area, use the filters to sort by region, location or facility. Please contact the relevant Regional Coordinator or email our team for assistance if required.

Service delivery

Providers are to deliver services in line with their Outreach Terms and Conditions and Funding Schedules.
Key performance indicators require providers to use CheckUP's Outreach Management System (OMS) to ensure:

- Future visit dates are recorded three months in advance.
- Outcome reports are submitted within two weeks of the completion of the visit.
- If future visit dates cannot be confirmed in advance or if service delivery is not on track for linear delivery, then the provider will outline the plan for schedule completion.
- Where there is no evidence of planned delivery, a schedule variation to remove visits will be issued and the service needs for the community will be re-evaluated.

In addition to the delivery of health services, Outreach providers are encouraged to:

- Provide education and upskilling activities, of either a theoretical or clinical nature, to local medical and health professionals and, where appropriate, other members of the public (such as carers)
- Support allied health and optometry student placements.

Service monitoring

CheckUP has a robust and comprehensive service monitoring strategy in place. Service delivery is monitored using PowerBI Dashboards, which integrate with CheckUP's Outreach Management System (OMS), to present provider service delivery data.

Key service monitoring activities include:

- Regular monitoring of service delivery via CheckUP's PowerBI Dashboards
- Ensuring services are well utilised, accessible and meet the needs of First Nations people
- Monitoring provider contract compliance and progress in meeting key performance indicators, such as visit dates, visit delivery and report submission
- Maintaining provider relationships and communication to support responsive service delivery
- Collaborating with communities, host facilities, and stakeholders
- Implementing patient feedback mechanisms and community and consumer engagement to inform service planning and improvement strategies
- Addressing under-identified First Nations people in health-related data sets, through the implementation of targeted strategies to ensure their health needs are accurately represented.

Patient feedback

CheckUP is committed to value-based healthcare, including the incorporation of patient consultation and feedback into all stages of Outreach Health Service planning, delivery and evaluation.

As part of your Outreach Service Agreement, patient feedback resources are supplied to you for distribution to patients during your Outreach visits. Patient feedback surveys include both experience and sessional outcomes measures and are provided to you in both paper and digital formats. To expedite digital entry, you have the option to borrow a CheckUP digital tablet to take with you on your visits or provide your own.

We are also committed to ensuring that quality-related information offered by patients is returned to you, wherever you are nominated as their provider, in report format to be used in your quality improvement and accreditation processes.

More detail will be provided to you once you commence the Outreach contracting process.

7.2 Outreach Management System (OMS)

CheckUP's Outreach service delivery is planned and monitored using CheckUP's custom built Outreach Management System (OMS), which includes:

- An Outreach management portal for CheckUP
- An online monitoring and reporting portal for providers.

The OMS is a critical enabler for efficient service planning, monitoring and reporting, enabling timely data collection and reporting between service providers, CheckUP funding bodies, and other health service planning organisations.

Service providers use the OMS to:

- Set visit dates in advance
- Report on service delivery following each visit by submitting an Outcome Report (OR) to generate a recipient created tax invoice (RCTI) to receive payment
- Monitor contracted services to ensure they remain on track for delivery within the financial year.

This system allows CheckUP to monitor service delivery and ensure compliance with contractual requirements. If visits are not on track, contract variations are negotiated with providers to optimise program funding.

Service delivery is monitored in collaboration with communities, facilities, service providers, and other stakeholders, enabling CheckUP to tailor visiting services to meet evolving needs and overcome emerging barriers.

Once a provider has successfully been recruited and has completed their contracting process, they will receive access to the provider portal within the Outreach Management System (OMS) for reporting purposes. A copy of the user guide is located in the Document Library of the provider portal and can also be accessed via the CheckUP website here: Outreach provider information - CheckUP. Outreach service providers can also request a demonstration of the system prior to commencing work and submitting their first reports.

Please contact your relevant Regional Coordinator, or outreachservices@checkup.org.au for any assistance throughout the process.

Good news stories and comments

CheckUP Outreach providers are encouraged to include good news stories, and any other comments about a visit, as part of their reporting. This information can be recorded into the OMS when an OR is submitted. These good news stories and comments help CheckUP to understand the successes and challenges of services and communities. We use them to determine where further support is needed and to celebrate and share good news with the public, stakeholders and funding bodies. Examples of good news stories can include, but are not limited to:

- Overcoming service barriers
- Increases in patient numbers (i.e. sharing how this was achieved, what measures were put in place as a solution)
- Reducing "Did Not Attends" and waitlists of a service
- Community engagement and health promotion activities attended during a visit, and impacts of that on service engagement
- The use of students to support a service, and building workforce capacity.

When completing these comments and good news stories, please do not include any confidential information such as patient names and other clinical information that should remain private. If you have any questions and need further information on what is needed for this section of reporting, please contact your Regional Coordinator or Program Manager.

Signed Media Consent forms are required if you take any photos of staff or patients who provide approval to be featured in CheckUP communication. See *form attached.*

7.3 My Community Diary

OMS data integration with third-party platforms

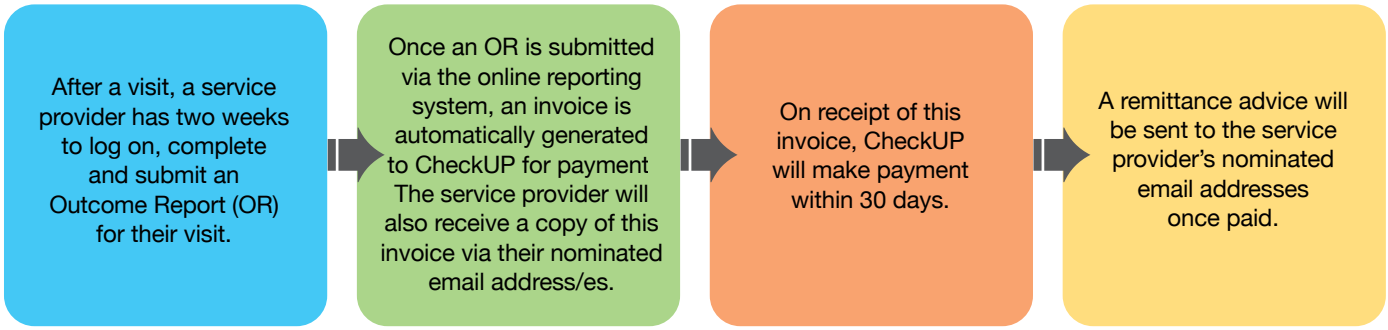
To ensure communities fully benefit from visiting outreach services, up-to-date health service information is essential. CheckUP has integrated the OMS with other third-party platforms to facilitate the sharing of data.

The OMS is currently integrated with the My Community Diary to promote health service visits to consumers, and communities. It is very important for providers to submit their visit dates into the OMS three months in advance, as per their contractual requirements, to assist with this process of information sharing.

CheckUP plans to continue to identify opportunities to promote CheckUP Outreach services, anticipating the following benefits:

- **Referrers** would know not only what services are available for their patients, but also when they can be accessed;
- **Host facilities** would be better equipped to coordinate support for services visiting their community;
- **Health service planners** would have a comprehensive and quantifiable picture of the volume of services available in each community (clinic days per year); and finally,
- Consumers will be better informed about the healthcare available to them to meet their individual needs.

7.4 Payment process



Payment details

During recruitment, each provider should have provided CheckUP with payment details via the Outreach Online Registration Form.

CheckUP works with EFTsure to verify the payment details of our suppliers before payments are made, to minimise the risk of errors or fraud. All suppliers will need to be verified through EFTsure to ensure invoices are paid in a timely manner. During contracting, you will receive an email from verifications@checkup.org.au to commence the verification process.

If there are any changes to provider contact details, the provider is asked to update their Online Registration Form within the OMS, with assistance from the Health Services team.

If there is any change to provider ABN, business name etc, the provider will need to notify the Health Services team, who will then send an Outreach New Provider Details form via DocuSign to be completed. Please note, a change in ABN results in needing to undergo the contracting paperwork again.

Section 8: Next steps

The CheckUP Health Services team will be in contact around next steps, and to progress into the contracting phase. If you require anything in the meantime, our team can be contacted by phone or email as provided below.

8.1 Contacting CheckUP

For all Outreach related enquiries, please contact outreachservices@checkup.org.au and someone from the team will be in touch.

You can find contact details for our Regional Coordinators, Program Managers and other team members here: Meet the Health Services team - CheckUP.

Our main office (Brisbane) can be contacted during business hours (AEST) on 07 3105 8300 and your call can be directed to the relevant person. We also have regional offices in Cairns and Townsville.

8.2 Additional information

Regular Outreach emails

Every second month, the CheckUP Health Services team distributes an electronic newsletter to providers and stakeholders called **"Reaching Out"**. The newsletter provides information and updates on reporting, quality and safety, recruitment, upcoming events, and key Outreach developments..

To receive the newsletter, and any other communications from CheckUP, please email your details to: outreachservices@checkup.org.au.

Thanks again for choosing to be an Outreach Service Provider with CheckUP.

Please email your Regional Coordinator or Outreach Services with any questions.

8.3 Quick links

Please take the time to review the links below and become familiar with the resources available:

- Outreach Programs Service Delivery Standards
- RHOF Service Delivery Standards
- Outreach Provider Information (CheckUP public website)
  - login to online reporting system
  - user guides and resources
  - training modules information
  - external links and resources
- Provider Portal Document Library (requires login)
  - user guides and resources, including:
    - Premises Agreement Checklist
    - Outreach Reporting System Quick Reference Guide (OMS Provider User Guide).

Thanks again for choosing to be an Outreach provider with CheckUP!

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