

Evaluation Rubric: Multidisciplinary Team Care Grants

	Community Need	Equity	Effectiveness + Efficiency	Sustainability + Feasibility
Excellent (9-10)	<p>Improve the prevention and management of chronic conditions and reduce avoidable hospitalisations</p> <p>Targets high prevalence and priority condition</p> <p>Best clinical management is via MDT care</p>	<p>Directly serves underserved and financially disadvantaged communities</p> <p>Addresses the needs of priority population group</p> <p>Reflect cost of reaching priority population</p>	<p>Clear and comprehensive approach to achieving outcomes, with evidence supporting the likelihood of success.</p> <p>Structured timeline, with optimal use of resources and clear deliverables within the proposed timeframe.</p> <p>Innovative ways to address access – eg virtual care, group appointments</p>	<p>Detailed planning for staffing, administration and long-term sustainability of the initiative</p> <p>Detailed plan for collection of EQ-5D & condition specific PROM, plus patient and clinician experience for reporting to HNC for evaluation of program outcomes and impact</p> <p>Relationships in place/initiated between providers/clinicians to work together</p>
Very Good (8-6)	<p>Improve the management of chronic conditions and reduce avoidable hospitalisations</p> <p>High prevalence and/or priority condition</p> <p>Best clinical management is via MDT care</p>	<p>Serves underserved or financially disadvantaged communities</p> <p>Demonstrates understanding and intent to address to the needs of priority population group</p>	<p>Comprehensive approach with measurable outcomes, though some areas could benefit from more detailed planning.</p> <p>Structured timeline, with good use of resources and clear deliverables.</p>	<p>Basic plan for staffing, administration and long-term sustainability of the initiative</p> <p>Plan for collection of EQ-5D & condition specific PROM for reporting to HNC for evaluation of program outcomes and impact</p> <p>Relationships proposed between providers/clinicians to work together</p>
Good (3-5)	<p>Improve the management of chronic conditions or reduce avoidable hospitalisations</p> <p>High prevalence or priority condition</p> <p>Appropriate clinical management is via MDT care</p>	<p>Includes underserved or financially disadvantaged communities, but lacks a strong equity focus</p>	<p>Some understanding of project goals, but unclear strategies for achieving outcomes.</p> <p>Adequate timeline and appropriate resource allocation</p>	<p>Minimal planning for staffing, administration and long-term sustainability of the initiative</p> <p>Rudimentary plan for collection of EQ-5D & condition specific PROM for reporting to HNC for evaluation of program outcomes and impact</p> <p>Relationships proposed between providers/clinicians to work together</p>
Below Minimum Standard (0-2)	<p>Does not clearly address high-prevalence or priority conditions for the management of chronic conditions</p>	<p>Limited or no focus on equity and priority populations</p>	<p>Outcomes are unclear or unlikely to be achieved due to lack of evidence or planning.</p> <p>Inefficient use of resources or vague deliverables.</p>	<p>No clear plan for sustaining the initiative or monitoring outcomes.</p> <p>Lacks feasibility due to insufficient capacity or relationships.</p>