Q&A - Information Session

Primary Care and Impact Grants

20 January 2025, 12:30pm

Q1: Does the number of registrars count toward FTE in the multidisciplinary care grant?
A1: Yes, registrars are counted in the FTE for the multidisciplinary care grant. However, the active number of patients in the general practice plays a more significant role than the FTE. Just adding registrars doesn't necessarily mean an increase in active patients. If your practice has around 4,000 or fewer active patients, that would be sufficient for consideration.

Q2: Is there support available to learn more about PROMs, including access, usage, and analysis?
A2: Yes, there is support available. The Agency for Clinical Information (ACI) provides many resources on collecting and using PROMs. Links to these resources will be provided for practices interested in learning more.

Q3: How much funding is available for each grant?
A3: The initial funding for the Chronic Disease Prevention Grants is $650,000, with individual grants ranging from $20,000 to $50,000. The total funding for the Multidisciplinary Team Care Grants is approximately $500,000 annually for the first round.

Q4: How is the amount for Chronic Disease Prevention Grants (ranging from $20,000 to $50,000) decided?
A4: The amount is based on the application and the budget. While many may apply for the maximum amount, providing a detailed budget is essential, justifying how the funds will be used for staffing, equipment, or training. The decision is based on the application's details, and if the grant request seems too high, a discussion will occur.

Q5: Can we engage with resident medical officers (RMOs) to participate in the Chronic Disease Management (CDM)?
A5: Yes, you can engage RMOs for CDM if it aligns with Medicare requirements, mainly if the RMO is involved in case conferencing.

Q6: Will the grant funds be paid upfront, in stages, or reimbursed against invoices?
A6: The payment schedule depends on the specifics of the application. The default will likely be half of the funds upfront and the remaining half after six months. However, the payment structure can be discussed during the contracting phase if your application involves purchasing equipment or hiring staff.

Q7: How does specialist in-reach align with this initiative?
A7: The Specialist In-Reach Education Program allows specialists and supporting allied health professionals to provide education and see patients as part of case conferencing. The model of care in this program is like that of the multidisciplinary team care program. While the two programs run separately, they can be adapted to meet the needs of smaller practices, whether virtually or in person.