

Consolidated Market Briefing Questions

3 November 2021

Contents

Funding	1
Reporting requirements.....	2
Delivery model	2
Workforce	4
Location of GPRC.....	4
COVID positive patients	4
Other	5

Funding

- 1. Are there specific MBS items that GP Respiratory Clinics (GPRCs) can claim?**
GPRCs can claim usual Medicare Benefits Schedule (MBS) item numbers for consultations with patients who are Medicare card holders. Patients must be bulk-billed.
- 2. Will the full operating grant of \$109,794 be paid each month?**
Each GPRC will receive the full operating grant of \$109,794 per month subject to meeting contract deliverables. GPRCs are paid this grant in addition to any MBS billings they claim.
- 3. When would the full establishment grant of \$150,000 not be paid?**
*Clinics will be eligible for an establishment grant of **up to** \$150,000 to cover the cost of setting up facilities, including minor works and procurement of equipment and consumables. The precise amount paid will depend on the needs of the clinic.*
- 4. Is seeing so many patients likely to get GPRCs audited?**
The Victorian Government is working closely with the Commonwealth Government and can raise this issue if it's of concern to any GPRC, although it's not expected to be an issue.
- 5. Is the expectation to bulk-bill all appointments?**
GPRCs must provide services to people with and without a Medicare card, with no out of pocket costs to patients.

6. Can you provide the modelling about payment assumptions?

This information is not publicly available.

7. What happens if you don't see enough patients?

The operating grant provides core funding to ensure GPRCs are funded even if patient numbers are low or it takes some time to build up patient numbers.

8. In the event we employ more than one GP, will the monthly financial support be increased?

No, the maximum operating grant is \$109,794 per month.

9. Is there any intention to continue beyond the six months?

There will be an assessment close to the contract end date of 30/6/22.

Reporting requirements

10. What is required in monthly reporting?

Monthly reporting requirements have not yet been determined, but will be considered in the context of monitoring and evaluation of GPRCs' systems and practices.

Delivery model

11. Do GPRCs need to operate 16 hours per day, 7 days per week?

*GPRCs are required to operate **up to** 16 hours a day, 7 days a week.*

The key requirement is the clinics are open outside of normal business hours and during weekends. Clinics should be able to demonstrate that they can operate outside of usual business hours on weekdays and operate on weekends.

12. Do GPRCs need to be running at 16 hours a day, 7 days a week from the first day of operation in December or can they start services and ramp up quickly?

It is recognised that clinics may not commence operating a full 16 hours a day, but could ramp up to this depending on demand.

13. If there's no demand on a certain day, does the clinic need to open the full 16 hours?

While there can be some flexibility in the delivery model, the operating grant should allow GPRCs to be open for extended hours and provide after-hours and weekend access.

14. How many patients are GPRCs expected to see each day?

No minimum number of patients has been stipulated.

15. What is the nurse doing in the assessment?

The GPRC will need to develop an appropriate clinical model which meets quality and safety standards.

16. How many doctors are needed?

GPRCs are expected to have a minimum of 1 specialist General Practitioner, 1 Registered Nurse and reception staff coverage. Additional staff may be needed to meet patient demand.

17. Will patients be referred to the clinic? How do they find out about the clinic?

GPRCs will be promoted on the Victorian Department of Health website and through local networks.

18. What is the difference between a state-funded GPRC and a Commonwealth-funded GPRC?

This EOI process is designed to increase the number of GPRCs and ensure they provide respiratory assessments for patients.

19. Have Commonwealth GPRCs been seeing non-respiratory patients or are they just seeing respiratory symptomatic patients?

Commonwealth-funded GPRCs have recently had permission to do asymptomatic testing in addition to symptomatic testing. The focus of Commonwealth-funded GPRCs in 2022 will be on assessment of people with respiratory symptoms.

20. Will the state support PPE access, noting it's not really available commercially?

GPRCs are expected to access PPE through their usual channels. The Victorian Department of Health will work closely with PHNs to monitor access to PPE and explore options where there are challenges in getting appropriate PPE.

21. Is there a role for rapid antigen testing?

The Victorian Department of Health is considering the role of rapid antigen testing in various settings, but at this stage GPRCs are expected to provide PCR testing.

22. Is it expected that GPRCs will keep patients with respiratory distress in the clinic under observation, or is it okay to refer them to ED?

A patient should always be referred to the setting most appropriate for their symptoms. If a patient is in respiratory distress, it may be appropriate to call an ambulance or refer them to an Emergency Department.

23. Does a pathology company need to be onsite?

GPRCs are required to conduct PCR testing, but a pathology company does not need to be onsite.

24. How many isolation rooms are required?

GPRCs are required to have two isolation rooms.

25. Is there an appointment system? Or is it like a walk-up clinic?

GPRCs are expected to provide services via pre-booked appointment (phone or online booking system) and 'walk up' appointments. The Victorian Department of Health is preparing some advice on booking systems.

Workforce

26. Will GPRCs be able to employ GPs who are unable to work in metropolitan Melbourne? Can they be granted provider numbers for claiming MBS?

There are no specific exemptions for International Medical Graduates who are subject to Section 19AB of the Health Insurance Act to work in GPRCs. PHNs can work with employers to advertise and support recruitment of GPs.

27. Can GP Registrars work in GPRCs and claim Medicare rebates?

GPRCs must have specialist General Practitioner coverage during opening hours. GP Registrars working in GPRCs are subject to usual registration and provider number requirements.

Location of GPRC

28. Has the Department determined where in the Local Government Area (LGA) a clinic is located?

Applicants can apply for any location within the specified LGAs.

29. If an accredited general practice sets up a new site at a different LGA, would that be acceptable?

Utilisation of a new site, operated and governed by an RACGP Accredited Practice, will be considered. It will need to be deemed suitable through the IPC audit that will be conducted of sites that are shortlisted.

COVID positive patients

30. What happens if patients don't have a regular GP and they're COVID positive?

People who test positive to COVID-19 receive care through the COVID Positive Pathways Program. Patients are triaged and assessed, and if they don't have a regular GP, will be linked with a GP in another clinic.

31. If patients are fully vaccinated and have respiratory symptoms, should they be seen by a GPRC or referred to their own GP?

GPRCs should accept all patients with respiratory symptoms, irrespective of whether they are fully vaccinated against COVID-19.

32. How will the clinics be treated in case of a positive COVID case?

The Victorian Department of Health has released new furlough guidelines and so it would be the expectation that with the appropriate infection prevention control (IPC) mechanisms in place including the relevant PPE, the GPRC would not need to close.

Other

33. Where do those patients go if they are asymptomatic but are required to be tested?

There are many testing sites across Victoria for people who are asymptomatic but are required to be tested.

34. Are GPRCs expected to commence operations or fit-out in December? How long will we have to organise fit-out works?

We are aiming to have GPRCs commence operation as soon as possible, but there will be some flexibility if clinics need to undertake minor fit-out works.