# Addendum to EOI: Shared medical appointment grants (Second Funding Cycle)

Supporting chronic pain and smoking management in general practice

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| **Addendum No:** | 3 |
| **Date:** | 09.04.2024 |
| **Summary:** | Frequently Asked Questions (FAQs) |

| | Question | Answer |
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| 1. | **Does the practice have to outline a proposal for the development of content for the Shared Medical Appointment programs?** | No. The two programs (*Chronic Pain Self Management* and *Managing Smoking*) are already developed. The purpose of this EOI is for practices to implement the pre-existing program/s into their practice workflows. |
| 2. | **Does the practice have to see external patients, or are they only expected to see patients from their practice?** | The project involves implementing a new style of consultation into your GP practice. COORDINARE will not dictate that you see certain patients/groups of patients. The idea is that these consultations are offered to **patients of your practice.** |
| 3. | **If the development of the SMA programs is not part of this project, what work is involved?** | *As outlined in the EOI Guideline, the scope of the project includes:*<br>• Interrogating practice data to identify patients suitable to take part in the SMA programs.<br>• Planning and implementing the SMA model of care into your practice - including identifying resources such as time, staffing, space and ability to document workflows (i.e. how the SMA model was implemented in your practice & recommendations for how other practices could implement this consultation style into their workflow).<br>• Complete training modules (provided via an online platform to practices who are successful in the EOI).<br>• Ensure cultural safety and responsiveness.<br><br>*Outputs as documented in the EOI Guideline:*<br>If the submission is successful, practices will have the opportunity to develop their workflow model(s) with relevant COORDINARE staff. Successful practices will be contracted to:<br>• Facilitate staff participation in training on Share Medical appointments (generic training). |

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| | | • Facilitate staff participation in training on Chronic Pain Self Management and/or Smoking Management SMAs.<br>• Deliver a minimum of 2 (two) SMA programs.<br>• Submit a project plan and budget.<br>• Participate in program level staff survey developed by COORDINARE.<br>• Collect patient feedback on the Chronic Pain Self-Management SMA program.<br>• Provide regular reporting including a short final report on templates provided by COORDINARE.<br>• Participate in a collaborative forum with all participating practices following program completion to share learnings<br>• Develop and document workflows and recommendations for embedding the SMA program into practice.<br>The above list is indicative and is not intended to be exhaustive. |
| 4. | **Does the first financial year include some funds for establishment costs?** | Yes, it does. The first financial year budget may include funds for establishment costs. As outlined in the documentation, there are three stages, one of which is establishment, and we anticipate some associated expenses. While we do not anticipate significant costs, there may be expenses for fit-out and/or backfill for training costs. |
| 5. | **Can practices run as many programs as they like? E.g. for cardiovascular disease risk, diabetes etc.** | As part of these grants, COORDINARE is only offering access to two pre-existing programmed SMAs - Chronic Pain Self Management and Smoking Management. Practices are able to run as many programs as they see fit and can choose to run Chronic Pain OR Smoking Management OR both. The EOI Guideline stipulates that successful practices deliver a minimum of 2 (two) SMA programs (they may be the same program repeated). |
| 6. | **What SMAs involve for us as a practice (a simple workflow)?** | Running a programmed SMA involves the following -<br><br>• SMA programs are run over several sessions, for example the 'Managing Smoking' SMA involves 5 sessions which can be completed over a chosen number of weeks (e.g. once per week for 5 weeks, or once per fortnight for 10 weeks).<br>• Suitable patients will need to be identified from practice data, contacted about involvement and then enrolled in the program if they are interested and consent to being involved.<br>• The SMA sessions are run by a GP and a facilitator (this could be a practice nurse or other staff member). Online training is provided for GP's and facilitators. Two staff members (the GP and the |

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| | | facilitator) should be present during the SMA consultations. The purpose of the facilitator is to take notes to be entered into patient files, and note down any actions to be taken following the session e.g. referrals to be completed, request forms for tests etc. |
| 7 | **Are we able to use the same facilitator for the two different programs?** | Yes, you can. |
| 8 | **Can you confirm the number of facilitators that are required to run each group; Can one facilitator run the group or are two required for each group?** | Each session requires two members of staff - **one GP** (as SMA's are a form of GP consultation) and **one facilitator** (this can be another member of staff who can keep the session on track, take notes to enter into patient records, note down any actions to be addressed following the group such as ordering tests, completing referrals, booking follow-up appointments if needed). |
| 9 | **How many programs need to be delivered, and how long do they go for?** | A minimum of two programs are to be delivered. Smoking Management consists of 5 sessions. Chronic Pain Self-Management consists of 7 sessions. Intervals between sessions are at the discretion of the practice (for example, weekly or fortnightly), so program lengths will vary but generally will be five or seven weeks minimum. |
| 10 | **How long does each session go for?** | Session lengths will be variable depending on several factors, including how many patients are enrolled in each program. The structure of Shared Medical Appointments allows for patients to interact with the GP and share experiences with fellow patients throughout the session, meaning patients do not have to sit and focus in a 'lecture' style education for the entirety of the session. |
| 11 | **Are there any consequences for receipt of grants if patient attendance is low or tapers off throughout the programs?** | There are no repercussions for diminishing patient attendance throughout the program/s. COORDINARE will collect data on patient attendance, however this is not a mechanism to reduce funding. COORDINARE may also collect feedback from successful practices on the process and patient engagement. |
| 12 | **Who should I contact if I have any further questions? Can I contact my HCC?** | Please send your queries to the Commissioning Business Team at Commissioning@coordinare.org.au. This will be your primary contact. If you contact your HCC, they will forward your questions to the Commissioning Business Team. |
| 13 | **Where can I find Appendix 2: Budget Template** | Please find the important documents, including<br>• Grant Guideline<br>• Application Form |

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| | | • Budget Template<br>on our website. |
| 14 | **Our practice submitted the compliance documents (accreditation certificates & other insurance) previously. Do I need to submit them again?** | Yes. To ensure we have the most up-to-date compliance documents, COORDINARE requires that you submit these with your application, even if you have submitted them previously. To ensure this does not impact the assessment of your application, please submit all required documents as outlined in the EOI guideline/application form. |
| 15 | **Our practice is looking after 180 nursing home residents, Methadone patients in community and an elderly population in the community with chronic pain.**<br><br>**Would we be eligible for this grant?** | The full eligibility criteria are outlined within the EOI Guideline document, and are summarised below -<br><br>General Practices in the SENSW catchment who have an interest in chronic pain management or smoking management are welcome to apply for this project. Practices must have the capacity to interrogate their data to identify eligible patients and be willing to prioritise and implement project activities over a 12-month project period until July 2025.<br><br>Therefore, the eligibility criteria necessitate that to apply, you work in a General Practice setting and have a cohort of patients within the practice who might be suitable to take part in the Shared Medical Appointment program/s. As long as you meet these criteria, you are eligible to apply for the grant. |
| 16 | **How much time do you expect a session to run for?** | The suggested session length as per ASLM is 90 minutes, however sessions may be shorter or longer, depending on the number of participants, the facilitator, patient complexity, how you choose to break up session content etc. |
| 17 | **How many hours preparation for expect to be involved in staff training to run the program?** | Staff training is online and self-paced. The length of time it takes to complete the training will vary, depending on baseline levels of knowledge, which programs are being facilitated etc. It is expected that the *minimum* time to complete either the generic SMA training OR training in a specific SMA module is 30 minutes. |
| 18 | **Can we claim any associated Medicare item numbers for the group session on top of the grant funding?** | The only requirement is that grant funds are used appropriately for the contracted activities. Outside of this, practices can bill as they wish. Please see more information about the Shared Medical Appointments model and MBS items in Appendix 1 of this document. |

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| 19 | **Is there a minimum number of participants you would expect to attend the program?** | As per the facilitator training materials, group sizes can be between 6-15 participants however the ideal group size is 8-10 participants. |

## Other resources

COORDINARE developed a series of webinars and practical tools with University of New England (UNE) Partnerships, to provide general practice with foundation skills and knowledge to write effective tenders and submissions, including:

- Course instruction
- Writing Compelling Submissions
- What funding bodies want
- Capacity and credibility

APPENDIX 1

**COORDINARE and Shared Medical Appointment- 19 April 2023**

**Explaining MBS Financial Modelling for Shared Medical Appointments.**

Our experience has shown that financial modelling of Shared Medical Appointments needs to be customised to each Medical Practice and Health Service that integrate it into their practice.

We have a saying that is: 'if you have seen one Shared Medical Appointment, then, you have only seen one shared medical appointment'.

The ways in which the SMA process and accompanying programs can be used in practice is vast. With over 800 clinicians trained in facilitation and implementation among an unknown number of Health and Medical centres it is not appropriate nor legal to prescribe specific financial models.

Rather, the Table below shows some of the Medical Benefits Scheme (MBS) item numbers that we believe to have been used in practice. This is in addition to a range of other funding models that have been used, including:

> *full fees, subscriptions/memberships, health care home model efficiencies, grants and PHN initiatives.*

The following Table outlines MBS item numbers that we believe have been applied to SMA activities.

The descriptions in the Table are a summary. The most reliable and contemporary full description of the item numbers and their activities can be found at http://www9.health.gov.au/mbs/search.cfm

**Table 1: Medical Benefit Scheme Item Numbers and Activities That Could Potentially Be Used In Shared Medical Appointments**

| MBS ITEM NUMBER | Description of Activity | Amount ($AUS) as of April 2023 |
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| 23 | Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table applies), lasting less than 20 minutes and including any of the following that are clinically relevant:<br>(a) taking a patient history;<br>(b) performing a clinical examination;<br>(c) arranging any necessary investigation;<br>(d) implementing a management plan;<br>(e) providing appropriate preventive health care;<br>for one or more health-related issues, with appropriate documentation- each attendance | 39.75 |
| 36 | Professional attendance by a general practitioner (not being a service to which any other item in this table applies) lasting at least 20 minutes, including any of the following that are clinically relevant:<br>a) taking a detailed patient history;<br>(b) performing a clinical examination;<br>(c) arranging any necessary investigation;<br>(d) implementing a management plan;<br>(e) providing appropriate preventive health care;<br>for one or more health-related issues, with appropriate documentation- each attendance | 76.95 |

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| 10997 | Service provided to a person with a chronic disease by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner if:<br><br>(a) the service is provided on behalf of and under the supervision of a medical practitioner; and<br><br>(b) the person is not an admitted patient of a hospital; and<br><br>(c) the person has a GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan in place; and<br><br>(d) the service is consistent with the GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan<br><br>to a maximum of 5 services per patient in a calendar year | 12.70 |
| 10990 | Bulk billing incentive payment A medical service to which an item in this Schedule (other than this item or item 10991 or 10992) applies if:<br>(a) the service is an unreferred service; and<br>(b) the service is provided to a patient who is under the age of 16 or is a concessional beneficiary; and<br>(c) the patient is not an admitted patient of a hospital; and<br>(d) the service is bulk-billed in relation to the fees for:<br>(i) this item; and<br>(ii) the other item in this Schedule applying to the service | 7.75 |
| 10991 -2 | Item 10991 can only be used where the service is provided at, or from, a practice location that is in a regional, rural or remote area (MMM 2 to 7 areas under the Modified Monash Model classification system). 10992 for other rural and remote locations | 11.80 |
| 723 | Team care arrangement | 120.85 |
| 701-5 | Health Assessment | 701 ($62.75)<br>703 ($145.80)<br>705 ($201.15) |
| 900 | Medication review | 163.70 |
| 10987 | Indigenous Health Check (by Aboriginal Health Practitioner | 25.35 |
| 10953 | Exercise physiologist (under TCA) | 65.85 |
| 81100 | Diabetes educator (T2DM Assessment for group int or the purposes of Assessing a person's suitability for group services for the management of type 2 diabetes | 84.45 |
| 739, (735-758) | Multi-discipline Case Conference | 127.85 |

**MBS Letter Supporting the Use of MBS Item Numbers When Undertaking Shared Medical Appointments**.

Over a number of years ASLM has petitioned the MBS to provide certainty to Providers about using MBS item numbers when undertaking Shared Medical Appointments. In 2018 MBS provided a letter to ASLM (a transcript of which is provided in the Figure below) explaining that:

*'The Health Insurance Regulations 1975 specify that a medical service will attract benefits only if they have been personally performed by a medical practitioner on not more than one patient on the one occasion (that is, two or more patients cannot be attended simultaneously, although patients may be seen consecutively)*

The SMA process that ASLM teaches is one where medical practitioners or other MBS accredited providers consult to 'one patient on the one occasion' – however, other patients or family members are present at the same time observing the consultation. The Provider then might move to another patient following the completion of the consultation and begin another in a consecutive order.

If SMAs are undertaken in the manner that ASLM instructs then the SMA activity does not meet the criteria for 'group education'. There are MBS item numbers for Group Education (170-172) however, SMA process, in our experience, does not fit with the descriptions provided in the Schedule.

**Figure 1: A Transcript of the MBS Response To An Inquiry About Shared Medical Appointments and MBS Item Numbers.**

From: ASKMBS <askmbs@humanservices.gov.au>
Date: August 16, 2018 at 2:30:47 PM GMT+10
To: 'Tanja McLeish' <tmcleish@hneccphn.onmicrosoft.com>
Subject: RE: More clarity required [SEC=UNCLASSIFIED]
Dear Ms McLeish
Thank you for your email dated 8 August 2018.

Medicare benefits are claimable when a single medical practitioner has provided a single occasion of service upon a single patient that is clinically necessary.
The Health Insurance Regulations 1975 specify that a medical service will attract benefits only if they have been personally performed by a medical practitioner on not more than one patient on the one occasion (that is, two or more patients cannot be attended simultaneously, although patients may be seen consecutively), unless a group session is involved (that is, items 170-172).
It is up to the treating practitioner to determine the relevant attendance item that will reflect the time spent providing active attention upon the patient.
The Department of Human Services cannot direct a practitioner to what item they should bill; it is the responsibility of the treating practitioner to ensure that any service billed to Medicare meets the item descriptor in the MBS and any eligibility requirements in full.
I trust this information is of assistance.

Yours sincerely
Lynda Baird
Service Officer, Enquiry Resolution
Health Support & Business Services Division
Provider Services Branch
Australian Government Department of Human Service