

## **FAQs for GPI Initiative**

The FAQs will be updated on a regular basis as MOHT receives questions from interested GPs. GPs are encouraged to review the FAQs if you are interested to submit a proposal before the closing date: 30 Apr 2020.

### **General Questions:**

#### **1. What is the goal of the GPI Initiative?**

This initiative is to catalyze the ability of GPs to enroll and care for a significantly larger number of chronic patients and achieve good disease control. GPs can consider innovative projects around (1) testing and validation of innovative technologies in GP clinics with sustainable business model; (2) care redesign and process improvement; 3) validation of private-public primary care partnership business models (e.g. increasing partnerships between polyclinics and private GP clinics) or any other strong proposals to meet the Challenge Statement.

We welcome innovations for better management of chronic diseases in the Chronic Disease Management Programme (CDMP), especially Diabetes, Hypertension, Hyperlipidemia, Asthma, COPD, CKD as well as mental health (e.g. Major Depression, Dementia) management anchored in GPs clinics.

#### **2. What are the outcomes for the GPI Initiative?**

The key outcomes should include:

- 1) Increase in number of chronic patients at the GP clinics (At least more than 20% over 3 years) [For all proposals]
- 2) Improved health outcomes for chronic patients [For all proposals]
- 3) Increase in partnerships between GP clinics and potentially public healthcare clusters [For proposal with focus on validation of private-public primary care partnership]
- 4) Increase in patient adherence and satisfaction [For proposals validating technologies]

#### **3. What types of projects will the GPI Initiative support?**

Some examples of focus areas the proposals could cover but are not limited to:

- 1) Testing and validation of innovative technologies in GP clinics with sustainable business models

This will involve adopting new technologies to better manage patients with chronic diseases that will enhance health outcomes and/or increase productivity. With these technologies to be implemented at the clinics, GPs will be able to manage more

chronic care patients with good health outcomes. An example of such a technology innovation will be in the area of tele-medicine where GPs could encourage more home-based self-management in between clinics visits for stable chronic patients to achieve good chronic diseases control and management and prevent complications for their patients.

**2) Care redesign and process improvement**

This could be focused in areas where GPs could be supported by more seamless and easier care and administrative functions in the management of chronic diseases. An example will be to test the adaptation and adoption of innovative Diabetic Retina Photography, Diabetic Foot Screening and Diabetes Management e-coaching technologies in GP clinics, with the outcome indicators tracked across before and after the introduction of the innovation.

**3) Validation of private-public primary care partnership business models.**

The success of these partnerships will facilitate a more integrated care model for chronic patients and achieve a win-win situation for both the public healthcare system and private GP providers. An example is GPs supporting or complementing the polyclinics, hospitals and community services in their vicinity or Regional Health System through coordinated care plan for chronic patients to anchor care at their GP clinics. The partnership model could leverage on shared resources/services in the PCNs to support the GPs for better management of chronic patients.

**Application questions:**

**4. Who can apply?**

This initiative is currently open for applications from GP clinics in the Primary Care Networks (PCN). Each submission should have at least five (5) GP clinics participating in each project with the support of their PCN headquarters.

**5. Is it possible for a project to involve clinics from different PCNs?**

Yes, this is possible. Please list the names of the clinics and their respective PCNs they are part of in the application form. There must be one GP Lead willing to sign off on the form to be the point of contact and be responsible/accountable to coordinate with the rest of the GP clinics for the project.

The PCN headquarter (HQ) Leads (both Clinical and Admin) of the GP clinics involved should also support the application and share a common view to scale in the future if project is successful. The application form has a section where the respective PCN HQ Leads, of the clinics applying, must sign off to show their endorsement.

**6. What is the role of the Lead GP?**

Each group will need to have a Lead GP. The Lead GP will take responsibility for submitting the Application for the group of 5 to 10 GPs clinics.

If the project is selected, the Lead GP will manage the overall GP clinics partnership and ensure the project outcomes are met. The Lead GP will have the responsibility to inform MOHT if there are any changes to the participating GP clinics during the course of the project and manage appropriate replacement to avoid derailing the progress of the pilot.

## **7. What is the duration of the project?**

The duration for each project is expected to be between 6 months to 3 years.

## **8. What is the Assessment criteria and how will the projects be selected?**

Based on the information offered in the application form and the proposal document, MOHT will assess each project accordingly. MOHT will evaluate and select the projects to be funded under this Initiative.

The assessment criteria will look into the following key dimensions:

1. Clinical quality
2. Technology quality (for proposals testing technologies)
3. Business model
4. Regulatory compliance
5. Implementation clarity

## **9. What are the eligible costs?**

MOHT will fund activities that is directly related to the project, which include:

- Manpower cost (Supernumerary staff)
- Equipment, Software, Materials & Consumables.

Expenses that has been incurred by the applicants, prior to submission of this application form, will not be supported.

## **10. How many projects submitted will be selected?**

There will be an evaluation panel to review and select the successful projects. The number of successful projects selected will be dependent on the merit and funding magnitude of each project. Hence, at the moment, there is no fixed number yet but we hope to support three strong proposals.

## **11. What is the quantum of funding that can awarded for each project?**

The quantum of the funding depends on the scope and merits of the project. As an example, it can vary from hundreds of thousands for a smaller scale project to the upper tier for a larger project. The quantum can also vary with the duration of the project. Projects can range from 6 months to 3 years. The GP Lead, with participating GP Clinics, need to propose a reasonable and justifiable budget based on their innovation initiative. Budget proposals should follow the template that is in the Application Form.

### **Post-Selection questions**

## **12. What is the measurement of success for a project?**

There is a challenge statement, which we hope the GPI initiative applicant will be able to address in their innovative project:

**“What innovative solutions can help significantly increase the number of chronic patients managed by GP clinics by at least 20% in the next 3 years, with achievement of good disease control, and which are financially sustainable and scalable?”**

In addition, depending on the design of the project, it should:

1. Meet **key** outcomes such as better health indicators, patients' adherence, satisfaction by patients and GP clinics, etc.
2. Have viable business models, within the boundaries of existing CHAS and GP support schemes, with Proof of Concept (POC) and Proof of Value (POV) to scale in PCNs
3. Be committed to scale with the PCN **within** the viable business models developed, of existing CHAS and GP support schemes

## **13. How will the supported funding be disbursed?**

The supported funding will be disbursed progressively based on an agreed payment schedule. This will be subjected to the project achieving its milestones to attain the outcomes that have been described clearly in the proposal submission or recommended by MOHT for evaluation.

## **14. Will funding for the project be released as a lump sum before the start of the project or as reimbursement?**

While we understand the cash flow consideration of GP clinics, for prudent disbursement of public fund under GPI Initiative, we will need to disburse by milestones. This will be worked out reasonably for project selected for support, with regular periodic disbursement to ensure a reasonable cash flow for the project implementation.

**15. What happens if there are any changes to the project once the project has been awarded?**

We expect projects to meet the project plans, milestones and outcomes in accordance to their application for this Initiative.

We recognise that, at times, there might be some unforeseeable changes. If there are any changes to the project, the Lead GP will have to seek approval from MOHT for the revised scope of their proposal to ensure the project will continue to meet its overall outcomes.

**16. Can GP clinics apply for more than one project?**

An entity can submit more than one application for different innovative ideas. However, we would consider the organisational capacity to develop and deliver more than one funded project and we are very unlikely to fund one entity for more than one project.

**17. What is the deadline for submitting the proposal with the Application Form?**

The deadline for submission is 5.00pm on 30 April 2020 and no later. Applicants will be notified on the outcome of their application by 31 July 2020, except for strong proposals that may be recommended for certain modifications after MOHT's evaluation.

**18. Will there be any support from MOHT in developing the proposal?**

MOHT encourages interested GPs to develop strong ground-up proposals. Upon evaluation and selection, MOHT expects to facilitate support with close engagement in enabling the selected proposals to have the best chance for success and joint learning between MOHT and the GP community.

**19. Will there be any support for scaling the projects?**

As proposals are expected to contain viable business model for sustainability and scaling, the projects should be supported and scaled with the PCN, with GP business model and existing CHAS and GP support schemes.

**20. What is the monitoring and reporting process for the projects?**

The Lead GP will have to monitor the overall progress for the project, with the participating clinics' report on the key milestones and outcomes on a regular basis (typically half-yearly basis) consolidated for MOHT.

These key milestones and outcomes will be discussed and agreed mutually between the applicants and the MOHT upon selection.

There may be regular engagement sessions organised between the MOHT team and the participating GP clinics for discussions and co-learning opportunities and this will be further scheduled upon selection.

**21. Will the participating GPs be able to publish papers on the project?**

The decision on whether the project can be published will depend on the nature and details of project proposed and selected. We encourage GPs to publish and we will like to plan this at the onset for selected projects so that we can jointly ensure proper approach and standards (e.g. in data collection, evaluation of project etc.). MOHT will reserve the rights to review and approve before any publication of selected projects.