**EQUIP-GP incentive structure**

All incentives are calculated over the twelve months of the trial and compared with the twelve-month period immediately previous to the trial.

Incentives do not replace existing payment arrangements; they are made **in addition** to them.

Incentive targets apply to the percentage of change achieved **across the group** of enrolled patients, **not** measured as change for each individual patient.

All incentives are calculated and paid after the conclusion of the twelve-month trial.

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| **If you can…** | **Then we will…** |
| Enrol patients into the study. | Pay $20 per enrolled patient.  Maximum $1000 for 50 patients. |
| Allow researchers to collect baseline data. | Pay $20 per enrolled patient.  Maximum $1000 for 50 patients. |
| Collect quarterly data from enrolled patient medical records. | Pay $160 per patient.  Maximum $8000 for 50 patients. |

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| **Incentives for patients <16 years (n=20)** | | | | |
| **If you can…** | **Then we will…** | | | |
| See minimum 70% of enrolled patients on same day appointment requested. | Pay on sliding scale according to rate of patients seen same day.  Rate seen same day | | | |
| 70% | 80% | 90% | 100% |
| $7.50 | $15 | $22.50 | $30 |
| Payment per patient  Maximum $600 for 20 patients | | | |
| Reduce potentially avoidable hospitalisations (PAHs) by up to 40% for enrolled patients. | Pay on sliding scale according to reduction in PAH rates achieved.  Reduction in PAH rates | | | |
| 10% | 20% | 30% | 40% |
| $15 | $30 | $45 | $60 |
| Payment per patient  Maximum $1200 for 20 patients | | | |

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| **Incentives for 18-65 years w chronic disease & >65 years (n=30)** | | | | | | | | |
| **If you can…** | **Then we will…** | | | | | | | |
| Provide three longer consults (over 15 minutes) per enrolled patient & reduce unnecessary prescriptions, pathology & imaging.  Reductions are measured across all prescriptions. Plus across specific pathology & imaging tests flagged for reduction in current evidence regarding best practice. A list of these will be provided. | Pay for every extra minute above 15 mins calculated on the mean consultation time across your cohort of enrolled patients. The rate of pay per minute is adjusted according to the overall proportion of reduction in scripts, pathology & imaging.  Capped at $250 per patient.  Rate of service use reduction | | | | | | | |
| 5% | 10% | | 15% | | 20% | | 25% |
| 60c | $1.20 | | $1.80 | | $2.40 | | $3 |
| Payment per extra minute  Maximum $7500 for 30 patients. | | | | | | | |
| See minimum of 70% enrolled patients within one week of hospital discharge. | Pay on sliding scale according to percentage of patients seen within one week of discharge.  Seen within one week | | | | | | | |
| 70% | | 80% | | 90% | | 100% | |
| $22.50 | | $45 | | $67.50 | | $90 | |
| Payment per patient  Maximum$2700 for 30 patients. | | | | | | | |
| Reduce potentially avoidable hospitalisations (PAHs) by up to 40% for enrolled patients. | Pay on sliding scale according to reduction in PAH rates achieved.  Rate of PAH reduction | | | | | | | |
| 10% | | 20% | | 30% | | 40% | |
| $50 | | $100 | | $150 | | $200 | |
| Payment per patient  Maximum $6000 for 30 patients. | | | | | | | |