

Practice Incentives Program

Indigenous Health Incentive Guidelines—September 2010

Introduction

The Practice Incentives Program (PIP) aims to encourage continuing improvements in general practice through financial incentives to support quality care, and improve access and health outcomes for patients. To be eligible to participate in the PIP, a practice must be accredited, or registered for accreditation, against the Royal Australian College of General Practitioners (RACGP) *Standards for general practices*. Practices must achieve full accreditation within 12 months of joining the PIP and maintain full accreditation thereafter.

Payments are made through the PIP:

- to encourage use of electronic health systems;
- to ensure patients have access to after hours care;
- to support rural practices;
- to encourage rural general practitioners (GPs) to provide procedural services;
- to support practices to employ practice nurses;
- to encourage practices to teach medical students;
- for participating in educational activities to improve prescribing behaviour;
- to encourage cervical screening;
- for best practice management of patients with asthma and diabetes;
- to encourage general practices in rural and remote areas to act as a referral point for women experiencing domestic violence;
- to encourage GPs to provide increased and continuing services in Commonwealth-funded Residential Aged Care Facilities; and
- to support best practice management of Aboriginal and Torres Strait Islander patients with chronic disease.

The PIP is administered by Medicare Australia on behalf of the Australian Government Department of Health and Ageing.

Definition of a GP

For the purposes of the PIP, GPs include General Practitioners and/or non-specialist medical practitioners known as other medical practitioners, who provide non-referred services and are not GPs. General Practitioners include Fellows of the RACGP and Australian College of Rural and Remote Medicine (ACRRM), vocationally registered general practitioners and medical practitioners undertaking approved training.

The Practice Incentives Program Indigenous Health Incentive

The PIP Indigenous Health Incentive aims to support general practices and Indigenous health services (referred to here as 'practices') to provide better health care for Aboriginal and Torres Strait Islander patients, including best practice management of chronic disease.

This incentive is a key part of the Council of Australian Governments (COAG) National Partnership Agreement on Closing the Gap: Tackling Indigenous Chronic Disease.

More information on the Tackling Indigenous Chronic Disease Package is available at www.health.gov.au/tackling-chronic-disease. Your local affiliate of the National Aboriginal Community Controlled Health Organisation (NACCHO) or Division of General Practice will also be able to provide you with information on the measures relevant to practices.

What are the Practice Incentives Program Indigenous Health Incentive payments and requirements?

The PIP Indigenous Health Incentive has three components, which are summarised in Table 1 and explained in more detail below.

A rural loading, ranging from 15–50 per cent, depending on the remoteness of the practice, is applied to the payments of practices located in Rural, Remote and Metropolitan Areas (RRMA) 3–7. For more information on the PIP rural loading, refer to the PIP Rural Loading Guidelines.

Table 1: Payments and requirements of the Practice Incentives Program Indigenous Health Incentive

Component	Payment	Activity required for payment
Sign-on Payment	\$1000 per practice	One-off payment to practices that agree to undertake specified activities to improve the provision of care to their Aboriginal and Torres Strait Islander patients with a chronic disease.
Patient Registration Payment	\$250 per eligible patient per calendar year	A payment to practices for each Aboriginal and Torres Strait Islander patient aged 15 years and over, registered with the practice for chronic disease management.
Outcomes Payment Total: up to \$250	Tier 1: \$100 per eligible patient per calendar year	Payment to practices for each registered patient for whom a target level of care is provided by the practice in a calendar year.
	Tier 2: \$150 per eligible patient per calendar year	Payment to practices for providing the majority of care for a registered patient in a calendar year.

(i) Sign-on Payment

A one-off sign-on payment of \$1000 is made to practices that register for the PIP Indigenous Health Incentive. The payment is made to practices in the next quarterly payment following sign-on.

To sign-on for the PIP Indigenous Health Incentive practices are required to:

- agree to seek consent to register their eligible Aboriginal and Torres Strait Islander patients for the PIP Indigenous Health Incentive and/or the Pharmaceutical Benefits Scheme (PBS) Co-payment Measure with Medicare Australia (see PBS Co-payment Measure);
- establish and use a mechanism to ensure their Aboriginal and Torres Strait Islander patients aged 15 years and over with a chronic disease are followed up (e.g. through use of a recall and reminder system or staff actively

seeking out patients to ensure they return for ongoing care);

- undertake cultural awareness training within 12 months of joining the incentive, unless appropriate training has already been undertaken in the previous 12 months (see Cultural awareness training); and
- annotate PBS prescriptions for Aboriginal and Torres Strait Islander patients participating in the PBS Co-payment Measure from 1 July 2010 (see PBS Co-payment Measure).

Practices can apply for the PIP Indigenous Health Incentive sign-on payment by completing:

- the relevant parts of the PIP and General Practice Immunisation Incentive (GPII) application form at the time of joining the PIP; or
- the PIP Indigenous Health Incentive application form if the practice is already registered for the PIP.

The PIP and GPII application form and the PIP Indigenous Health Incentive application form are both available on the Medicare Australia website at www.medicareaustralia.gov.au > **For Health Professionals > Incentives and Allowances > Practice Incentives Program (PIP) > Forms and Guidelines**

Practices should ensure that the PIP Indigenous Health Incentive application form is signed and dated prior to completing any Patient consent and Patient registration forms (see Patient Registration payment). Any patient consent and Patient registration forms dated prior to the application form will not be processed by Medicare Australia.

Identification of Aboriginal and Torres Strait Islander patients

For practices to register patients for the PIP Indigenous Health Incentive and/or the PBS Co-payment Measure, patients must self identify to the GP or practice staff as being of Aboriginal and/or Torres Strait Islander origin. Patients are not required to provide evidence to support their status.

GPs or practice staff should ask all patients if they identify as being of Aboriginal or Torres Strait Islander origin. The Australian Bureau of Statistics advises that the wording of a question influences a patient's response. For consistency, always ask the national standard identification question "Are you of Aboriginal or Torres Strait Islander origin?". For a child or a patient unable to respond, ask an accompanying responsible adult "Is (name) of Aboriginal or Torres Strait Islander origin?"

Self identification is voluntary, but practices need to make sure that patients can make an informed choice about their decision to self identify. A patient has the right to choose whether to reveal their ethnic origin. Their answer should be recorded as stated in their patient record. You should respect the patient's choice to self identify.

The RACGP *Standards for general practices* state that practices need to be working toward the routine recording of patients' cultural background, including self identified Aboriginal or Torres Strait Islander status, in order to assist in appropriately tailoring care to patients.

Cultural awareness training

To meet this requirement, at least two staff members from the practice (one of whom must be a GP) must complete appropriate cultural awareness training within 12 months of the practice signing on to the incentive. For the purposes of the PIP Indigenous Health Incentive, appropriate training is any that is endorsed by a professional medical college, including those that offer Continuing Professional Development (CPD) points, or endorsed by the National Aboriginal Community Controlled Health Organisation (NACCHO) or one of its state or territory affiliates. Documentary evidence of completion of the training should be kept on file at the practice. Appropriate training that has been undertaken up to 12 months prior to the practice signing on for the incentive will also be considered to meet this requirement.

Practices may wish to contact their local Indigenous health service to learn about the local Indigenous community and their culture.

Practices under the management of an Aboriginal Board of Directors, or a committee comprising predominantly

Aboriginal community representatives, are exempt from this requirement.

PBS Co-payment Measure

The PBS Co-payment Measure will promote greater access to PBS medicines by reducing the co-payment for eligible Aboriginal and Torres Strait Islander patients from 1 July 2010.

Practices are required to seek patient consent to register their eligible patients for this measure and annotate PBS prescriptions.

Practices should note that patients registered for the PBS Co-payment Measure only will not attract a patient registration payment.

For more information on this measure, including patient eligibility requirements and how to annotate prescriptions, refer to **Attachment A** of these guidelines.

(ii) Patient Registration Payment

A patient registration payment of \$250 is made to practices for each Aboriginal and Torres Strait Islander patient that:

- is a 'usual' patient of the practice (see 'Usual' practice patients);
- is aged 15 years and over;
- has a chronic disease(s) (see What is a chronic disease?);
- has had or been offered a health check for Aboriginal and Torres Strait Islanders (Medicare Benefits Schedule (MBS) item 715) (see Health checks);
- has a current Medicare card; and
- has provided informed consent to be registered for the PIP Indigenous Health Incentive by completing a patient consent form.

A patient registration payment of \$250 is made to practices for each eligible Aboriginal and Torres Strait Islander patient registered for the PIP Indigenous Health Incentive.

The patient registration payment is payable once per patient, per calendar year for patients registered between 1 January and 31 October. If your practice registers a patient who has already been registered with another practice during the calendar year, you will not receive a patient registration payment for that patient. Payment will be made to the practice that registers the patient first.

Practices are able to phone the PIP team on **1800 222 032** (call charges may apply) to enquire if an eligible patient is currently registered with another practice.

If a patient is registering for the first time in November or December, they will be registered from 1 January to 31 December of that year as well as for the following year. The practice will receive one patient registration payment of \$250 in the February payment quarter of the following year.

Date Registered	Registration Period	Patient Registration Payment – \$250
1 January to 31 October	1 January to 31 December	In the next quarterly payment
1 November to 31 December	1 January to 31 December of that year 1 January to 31 December of the	February of the following year

Date Registered	Registration Period	Patient Registration Payment – \$250
	following year	

Practices must submit completed patient registration forms to Medicare Australia by the 'point-in-time' date in order for the practice to receive a patient registration payment in the following quarter. For more information on the 'point-in-time' dates refer to the PIP Guidelines.

A list of patients registered at the practice during the quarter for the PIP Indigenous Health Incentive will be provided as part of the practice's PIP Quarterly Payment Advice. Medicare Australia will contact practices directly to advise if a patient is unable to be registered for any reason.

Patient re-registration

At the end of each year, practices will need to re-register their patients for the following calendar year, unless registering a patient for the first time in November or December, in which case the patient will automatically be registered for the current, and following calendar year. Practices will be able to begin registering their patients for the following calendar year from 1 November each year. Patients will need to complete a new patient consent form, and practices will need to complete new patient registration forms each year.

If a registered patient changes practices, the new practice will need to wait until the next calendar year before they can claim a patient registration payment.

'Usual' practice patients

Patient registration for the PIP Indigenous Health Incentive should only be undertaken by the patient's 'usual care provider'. This is the practice that has provided the majority of care to the patient over the previous 12 months and/or will be providing the majority of care to the patient over the next 12 months.

Patients should confirm that they wish the practice written on the patient consent form to be their usual care provider and be responsible for their chronic disease management.

Before a GP submits a patient registration form they should be satisfied that their peers would agree that their practice provides the 'usual care' to the patient, given the patient's needs and circumstances. The term 'usual care provider' would not generally apply to a practice that provides only one service to a patient.

What is a chronic disease?

The PIP Indigenous Health Incentive uses the MBS definition of a 'chronic disease' - a disease that has been, or is likely to be, present for at least six months, including but not limited to asthma, cancer, cardiovascular illness, diabetes mellitus, musculoskeletal conditions and stroke.

The chronic diseases that are the key contributors to mortality for Aboriginal and Torres Strait Islander people are cardiovascular disease, diabetes, chronic respiratory disease, cancer and chronic kidney disease.

Health checks

Conducting Aboriginal and Torres Strait Islander health checks (MBS item 715) can be a useful first step in ensuring Aboriginal and Torres Strait Islanders receive the optimum level of health care by encouraging early detection, diagnosis and intervention for common and treatable conditions that cause considerable morbidity and early mortality. Practices are encouraged to bulk-bill their Aboriginal and Torres Strait Islander patients to help improve affordability and access to care.

Aboriginal and Torres Strait Islander patients who have had a health check can be referred by their GP to eligible allied health professionals for up to five services per calendar year (MBS items 81300-81360). They can also

receive up to 10 follow-up services per calendar year (MBS item 10987) from a practice nurse or registered Aboriginal Health Worker (AHW) on behalf of the GP.

Similarly, patients with both a GP Management Plan (GPMP) (MBS item 721) and Team Care Arrangements (TCA) (MBS item 723) for a chronic condition can be referred to eligible allied health professionals (including AHWs) for up to five services per calendar year (MBS items 10950-10970). Alternatively, registered AHWs or practice nurses can provide five follow-up services per year for patients with either a GPMP or TCA (MBS item 10997).

Patient consent and patient registration forms

To demonstrate compliance with privacy legislation, practices must obtain and record each patient's informed consent to the use and disclosure of personal information using the patient consent form available on the Medicare website at www.medicareaustralia.gov.au > **For Health Professionals > Incentives and Allowances > Practice Incentives Program (PIP) > Forms and Guidelines**. In addition to providing a verbal explanation of the Indigenous Health Incentive and/or the PBS Co-payment Measure, practices should provide patients with a copy of the patient information sheet, which is also available on the Medicare website. The GP should be satisfied that the patient has a sufficient understanding of the incentive prior to asking them if they wish to be registered for the Indigenous Health Incentive and/or the PBS Co-payment Measure. Both the patient consent and patient registration forms should be kept on file at the practice (either in hard-copy or electronically). A copy of the patient registration form should be sent to Medicare Australia to claim a patient registration payment.

Practices can submit hard copy patient registration forms to Medicare Australia:

Fax: **08 8274 9352**

Post: **Practice Incentives Program
GPO Box 2572
Adelaide SA 5001**

From July 2010, practices may also choose to submit their completed patient registration forms using Medicare Australia's secure email function, available through Health Professional Online Services (HPOS) at www.medicareaustralia.gov.au/hpos/index

You will need to logon using your Public Key Infrastructure (PKI) certificate. More information about PKI certificates is available at www.medicareaustralia.gov.au/pki

Patients can withdraw their consent at any time by completing the Patient withdrawal of consent form, available at www.medicareaustralia.gov.au > **For Health Professionals > Incentives and Allowances > Practice Incentives Program (PIP) > Forms and Guidelines**. Practices should submit this form on behalf of the patient to Medicare Australia for processing.

(iii) Outcomes Payments

There are two outcomes payments available each calendar year per registered patient. Outcomes payments are based on MBS services provided from 1 January to 31 December of each year in which the patient is registered. Outcomes payments can only be made to PIP practices that are signed on for the Indigenous Health Incentive.

Practices may be eligible for either or both outcomes payments, even if the patient is currently registered for the PIP Indigenous Health Incentive at another PIP practice.

Tier 1: Outcomes payments are paid in the quarter following the provision of the required services.

Tier 2: Outcomes payments are paid annually in February.

Practices that have fulfilled the requirements of the outcomes payment(s) do not have to take any action to receive a payment. The outcomes payments are automatically paid as part of the PIP quarterly payment to the bank account nominated by the practice.

Tier 1 Outcomes payment – Chronic Disease Management

A payment of \$100 per patient is made to practices that:

- prepare a GPMP (MBS item 721) or coordinate the development of TCA (MBS item 723) for the patient in a calendar year; and
- undertake at least one review of the GPMP or the TCA (MBS item 732) during the calendar year.

OR

- undertake two reviews of the patient's GPMP or TCA (MBS item 732) during the calendar year.

OR

- contribute to or contribute to a review of, a multidisciplinary care plan for a patient in a Residential Aged Care Facility (MBS item 731) on two occasions during the calendar year

The recommended frequency for preparing a GPMP or coordinating TCA, allowing for variation in patients' needs, is once every two years, with regular reviews (recommended six monthly).

Tier 2 Outcomes payment – Total Patient Care

A payment of \$150 per patient is made to the practice that provides the majority of eligible MBS services for the patient (with a minimum of any five eligible MBS services) during the calendar year. This may include the services provided to qualify for the Tier 1 Outcomes payment.

The practice providing the majority of care will be determined by the total number of eligible MBS services provided at the practice as a proportion of all eligible MBS services provided for the patient during the calendar year.

If two or more practices provide the same number of eligible MBS services for a patient (with a minimum of any five eligible MBS services) in the calendar year, a Tier 2 Outcomes payment will be made to each practice.

Eligible MBS items, for the purposes of this incentive, are those items commonly used in general practice which include, but are not limited to, attendances by General Practitioners (Items 1-51, 193, 195, 197, 199, 601, 602, 603, 2501-2559, 5000–5067) and Chronic Disease Management items.

Is our practice eligible for the Practice Incentives Program Indigenous Health Incentive?

To be eligible for the PIP Indigenous Health Incentive sign-on payment, the practice must:

- participate in the PIP; and
- meet the requirements of the sign-on payment (see Sign-on payment).

To be eligible for the patient registration and outcomes payments the practice must:

- be signed on for the PIP Indigenous Health Incentive; and
- meet the relevant requirements for these payments (see patient registration payment and outcomes payments).

What are the obligations of the practice?

The practice must:

- be able to substantiate its claims for payment by being able to provide:
 - evidence that a mechanism is in place to ensure their Aboriginal and Torres Strait Islander patients aged 15 years and over with a chronic disease are followed up;
 - evidence of having completed appropriate cultural awareness training; and

- records of patient consent.
- provide information to Medicare Australia as part of its ongoing audit program to verify that the practice meets the PIP eligibility requirements;
- ensure the information provided to Medicare Australia is accurate; and
- advise Medicare Australia, in writing, of any changes to practice arrangements by the relevant 'point-in-time' date or within 14 calendar days, whichever date is earliest.

On joining the PIP, the practice must nominate an authorised contact person(s), who will be required to verify on the practice's behalf any changes to information submitted for PIP claims and payments.

Is there an appeals process?

The PIP has an established appeals process. To request a review of a decision, the authorised contact person or the owners of the practice must write to Medicare Australia within 28 calendar days of the date on the notice of the decision they would like reviewed. Medicare Australia will review its decision and advise the practice in writing of the outcome.

Advice on further avenues of appeal is available from Medicare Australia.

More Information

For information about the PIP Indigenous Health Incentive call PIP on **1800 222 032** (call charges may apply) between 8.30 am to 5.00 pm Australian Central Standard Time, Monday to Friday. For more information email pip@medicareaustralia.gov.au or go to www.medicareaustralia.gov.au/pip

These Guidelines are for information purposes only. While it is presently intended that the Australian Government will make payments as set out in these Guidelines, the making of payments is at the sole discretion of the government. The government may alter arrangements for the PIP at any time and without notice.

The government does not accept any legal liability or responsibility for any injury, loss or damage incurred by the use of, reliance on, or interpretation of the information provided in these Guidelines.

Attachment A — Pharmaceutical Benefits Scheme Co-payment Measure

The Pharmaceutical Benefits Scheme (PBS) Co-payment Measure

The PBS Co-payment Measure aims to help Aboriginal and Torres Strait Islander patients access PBS medicines by reducing cost barriers.

Co-payment relief will be targeted to patients with chronic disease or chronic disease risk factors.

Eligibility

The PBS Co-payment Measure is intended to benefit Aboriginal and Torres Strait Islander people of any age who:

- present with an existing chronic disease or chronic disease risk factor; and
- in the opinion of the doctor:
 - would experience setbacks in the prevention or ongoing management of chronic disease if the person did not take the prescribed medicine; and
 - are unlikely to adhere to their medicines regimen without assistance through the measure.

Registration

Practices can register eligible patients for the PBS Co-payment Measure using the same process and patient consent and patient registration forms as for the PIP Indigenous Health Incentive.

Once a patient has been registered for the PBS Co-payment Measure they do not need to be re-registered. Patients remain registered unless they choose to withdraw from the measure by completing a patient withdrawal of consent form, available at www.medicareaustralia.gov.au > **For Health Professionals** > **Incentives and Allowances** > **Practice Incentives Program (PIP)** > **Forms and Guidelines**. Practices should submit this form on behalf of the patient to Medicare Australia for processing.

Registration for the PIP Indigenous Health Incentive and the PBS Co-payment Measure are independent of each other. A patient can choose to participate in the PBS Co-payment Measure and choose not to participate in the PIP Indigenous Health Incentive or vice versa.

What does the measure involve?

The measure offers PBS co-payment relief to eligible patients. PBS medicines used to prevent and treat both acute and chronic conditions will attract co-payment relief. Patients holding a concession card will get their PBS medicines without paying a co-payment to the pharmacy. Non-concession patients will pay the current concession rate.

As with the PIP Indigenous Health Incentive, participating practices will need to maintain patient records including ensuring signed patient consent and patient registration forms are kept on file at the practice.

Practices may wish to update their prescription writing software to a version supporting Closing the Gap (CTG) annotation of PBS prescriptions. GPs will be able to annotate PBS prescriptions with the CTG flag by activating a check box on the patient information screen in their prescription writing software.

The annotation is a Closing the Gap or CTG flag which needs to appear on each prescription. The annotation feature will be included in updates of prescription writing software. If practices don't have the updated version of this software or don't use this software, the GP can handwrite the annotation on the prescriptions. All that needs to be written is CTG (for Closing the Gap) and the GP's signature.

Practices may wish to establish procedures to notify administration staff of when a patient participating in the PBS Co-payment Measure turns 15 years old and may be eligible to participate in the PIP Indigenous Health Incentive.

More information

For more information on this measure see the Tackling Indigenous Chronic Disease website at www.health.gov.au/tackling-chronic-disease or call the PIP on **1800 222 032** (call charges may apply).

Your Division of General Practice and State NACCHO affiliate will also be able to help with queries.