



Practice Incentives Program

Diabetes Incentive

The Practice Incentive Program (PIP) Diabetes Incentive aims to encourage general practitioners to provide earlier diagnosis, and effective management of people with established diabetes.

To be eligible for the Diabetes Incentive, practices must be registered for the PIP.

Common terms

Standardised Whole Patient Equivalent

(SWPE) is used to measure practice size and includes a weighting factor for the age and gender of patients. The average full-time general practitioner has a SWPE value of around 1000 SWPEs each year.

Whole Patient Equivalent (WPE) is based on general practitioner and other non-referred Medicare Benefits Schedule (MBS) item numbers and uses the value of the MBS fee, rather than the number of consultations per patient. The total care for each patient equals one WPE.

Payments and requirements

The PIP Diabetes Incentive has three components:

- The sign-on payment
- The outcomes payment
- The service incentive payment

Sign-on payment

The sign-on payment is \$1.00 per SWPE.

This is a one-off payment to practices that use a patient register and recall and reminder system for their patients with diabetes.

To sign-on for the PIP Diabetes Incentive, practices need to:

- Apply for the PIP Diabetes Incentive
- Maintain a patient register and recall and reminder system for their patients with diabetes
- Agree to implement a cycle of care for their patients with diabetes

The register and recall and reminder system must be kept active and include a list of all known patients with diabetes attending the practice.

It must include the patient's name, an identifier (eg the practice's patient reference number) and contact details, but can be electronic or paper based.

Outcomes payment

The outcome payment is \$20.00 per diabetic SWPE.

Payment is made to practices where at least two per cent of practice patients are diagnosed with diabetes and general practitioners have completed a diabetes cycle of care for at least 50 per cent of these patients.

The number of patients in a practice with established diabetes is based on the number of patients (based on SWPE) who have a HbA1c test (MBS items 66551, 66554 or 73840) in the last two years.

Once a practice meets the requirements of the outcomes payment, it is automatically paid with the next PIP quarterly payment to the bank nominated by the practice.

Whilst all care has been taken in preparing this document, this information is a guide only and subject to change without notice.

Service Incentive Payment

Once the minimum requirements of the diabetes cycle of care have been completed, the general practitioner should use the specific MBS SIP item numbers below.

This will indicate the requirements have been met and trigger the associated payment.

These items will only be payable for the completion of one diabetes cycle of care for each eligible patient per 12-month period, unless a further diabetes cycle of care is clinically indicated by exceptional circumstances.

Completion of a cycle of care item numbers

MBS Item Number	Level	Description	Fee
2517	Level B	In consulting rooms	\$37.05
2521	Level C		\$71.70
2525	Level D		\$105.55
2518	Level B	In a place other than consulting rooms	Derived fees*
2522	Level C		
2526	Level D		

Derived fees

Derived fees [*] are calculated at the *in consulting room* rate, plus \$25.95, divided by the number of patients seen in the visit (ie to a nursing home) for up to six patients.

For seven or more patients, use the fee for the *in consulting room* rate plus \$2.00 per patient.

Ready Reckoner Calculator

Standard GP attendances at a hospital, institution or home

- Level B (item 24, 2503, 2518, 2547)
http://www9.health.gov.au/mbs/ready_reckoner.cfm?item_num=2503
- Level C (item 37, 2506, 2522, 2553)
http://www9.health.gov.au/mbs/ready_reckoner.cfm?item_num=2553
- Level D (item 47, 2509, 2526, 2559)
http://www9.health.gov.au/mbs/ready_reckoner.cfm?item_num=2559

Applying

Practices can apply for the PIP Diabetes Incentive when they apply for the PIP:

- Through HPOS;
- By completing the Practice Incentives Program application form.

Practices already participating in the PIP can apply for the Diabetes Incentive;

- Through HPOS;
- By completing the PIP Diabetes, Cervical Screening, Asthma Incentives and Procedural General Practitioner Payment application form (IP004).

If the practice's application to participate in the PIP Diabetes Incentive is successful, you will not need to do anything to receive the sign-on payment. It will be paid in the next quarterly payment to the bank account nominated by the practice.

More information

Practice Incentives Program

PIP Enquiry Line: 1800 222 032
Email: pip@humanservices.gov.au
Fax: 1300 587 696

Practice Incentives Program Guidelines

<https://www.humanservices.gov.au/health-professionals/services/medicare/practice-incentives-program>

Medicare Benefits Schedule

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home>

See also

Practice Assist Fact Sheets and Resources:

- After-hours Incentive
- Asthma incentive
- Cervical Screening Incentive
- eHealth Incentive
- GP Aged Care Incentive
- Indigenous Health Incentive
- Procedural GP Payment
- Quality Prescribing Initiative
- Rural Loading Incentive
- Teaching Payment
- Practice Nurse Incentive Program
- What is the Practice Incentives Program?
- Practice Incentives Program Overview



Minimum requirements of the annual diabetes cycle of care

Activity	Frequency and description
Assess diabetes control by measuring HbA1c	At least once.
Carry out a comprehensive eye examination	The patient must have had at least one comprehensive eye examination over the current and previous cycle of care. The examination is not needed if the patient is blind or does not have both eyes.
Measure weight and height and calculate Body Mass Index (BMI)	Measure height and weight and calculate BMI on the patient's first visit and weigh them at least twice more.
Measure blood pressure	At least twice.
Examine feet	At least twice. This is not needed if the patient does not have both feet.
Measure total cholesterol, triglycerides and HDL cholesterol	At least once.
Test for microalbuminuria	At least once.
Measurement of the patient's estimated Glomerular Filtration Rate (eGFR)	At least once.
Provide self-care education	Provide patient education about diabetes management.
Review diet	Review the patient's diet and give them information on appropriate dietary choices.
Review levels of physical activity	Review the patient's physical activity and give them information on appropriate levels of physical activity.
Check smoking status	Encourage the patient to stop smoking.
Review medication	Review patient's medicine.
Note: activities needed twice in a cycle of care must be performed at least five months apart.	

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