



Practice Incentives Program Indigenous Health Incentive

The Practice Incentives Program (PIP) Indigenous Health Incentive aims to provide better health care for Aboriginal and Torres Strait Islander patients, including best practice management of chronic disease by encouraging continuing improvements in general practice through financial incentives.

Payments

The PIP Indigenous Health Incentive has three components, or levels of payments:

- A practice sign-on payment;
- The patient registration payment; and
- The outcomes payment.

A rural loading ranging from 15–50 per cent, depending on the remoteness of the practice is also applied to the payments of practices located in Rural, Remote and Metropolitan Areas (RRMA) 3-7.

Sign-on payment

A one-off sign-on payment of \$1,000 is made to practices that register for the PIP Indigenous Health Incentive and agree to undertake specified activities to improve the provision of care to their Aboriginal and Torres Strait Islander (ATSI) patients with a chronic disease, including:

- Registering eligible ATSI patients for the PIP Indigenous Health Incentive and/or the Pharmaceutical Benefits Scheme (PBS) Co-payment Measure (also known as the Closing the Gap initiative) with the Department of Human Services.
- Create and use a system to make sure their chronic disease ATSI patients aged 15 years and over are followed up (such as recalls and registers).
- Undertake cultural awareness training within 12 months of joining the incentive, unless exempt.

- Use Closing the Gap (CTG) annotation on eligible PBS prescriptions.

This payment is made to practices in the next available quarterly payment following sign-on.

Patient registration payment

A \$250 per eligible patient per calendar year is paid to practices for each ATSI patient aged 15 years and over, who is the patient's usual* care provider and who is registered with the practice for the management of a chronic disease.

This payment is made once per patient, per calendar year.

To receive the patient registration payment, each patient will:

- Have had, or have been offered, an ATSI health assessment (MBS 715);
- Have a current Medicare card; and
- Have provided informed consent to be registered for the PIP Indigenous Health Incentive by completing the patient consent part of the patient registration form. The practice will be responsible for sending this form to the Department of Health via fax or completed patient registration online via HPOS.

*Usual practice is classified as having 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 must confirm they want the practice nominated on the Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent form to be their usual care provider and the practice responsible for their chronic disease management.

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

Practices can check if an eligible patient is currently registered with their practice by either:

- Using HPOS to access the practice's list of registered patients, or
- Phoning PIP on 1800 222 032

Outcome payment

There are two tiers of outcome payment:

Tier 1: Chronic disease management

\$100 per eligible patient per calendar year.

A payment to practices for each registered patient where a target level of care is provided by the practice in a calendar year.

Tier 2: Total patient care

\$150 per eligible patient per calendar year.

A payment to practices for providing the majority of care for a registered patient in a calendar year.

Tier 1 requirements

- Prepare a General Practitioner Management Plan (GPMP) (MBS item 721) or coordinate the development of Team Care Arrangement (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 a review of a Multidisciplinary Care Plan (MDCP) for a patient in a residential aged care facility (MBS item 731) twice during the calendar year.

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

Tier 2 requirements

- Where a practice provides the majority of eligible MBS services for the patient, with a minimum of any five eligible MBS services, during a calendar year. This may include the services provided to qualify for the Tier 1 outcome payment.
- If two or more practices provide the same number of eligible MBS services for a patient in a calendar year, a Tier 2 outcome 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.

Applying

Practices can apply for the PIP Indigenous Health Incentive when they apply for the PIP:

- Through HPOS;
- By completing the [Practice Incentives application form](#).

Practices already participating in the PIP can apply for the Indigenous Health Incentive;

- Through HPOS;
- By completing the [PIP Indigenous Health Incentive and Pharmaceutical Scheme Co-Payment Measure patient registration and consent application form](#).

Identification of Aboriginal and/or Torres Strait Islander patients

For practices to register for the PIP Indigenous Health Incentive and the PBS Co-payment Measure, patients must self-identify to the general practitioner or practice staff as being of ATSI origin. Patients do not need to provide evidence to support this.

General practitioners or practice staff should ask all patients if they identify as being of ATSI origin.

The national standard identification question is 'Are you of Aboriginal or Torres Strait Islander origin?'

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

Cultural awareness training

To meet this requirement, at least two staff members from the practice, one of whom should be a general practitioner, must complete cultural awareness training within 12 months of the practice signing on to the incentive. For the purpose of the PIP Indigenous Incentive, appropriate training is any endorsed by a professional medical college, such as:

- Those offering Continuing Professional Development (CPD) points; or

- Those endorsed by the National Aboriginal Community Controlled Health Organisation (NACCHO) or one of its state or territory affiliates.

Practices must be able to provide evidence that training has been completed or that exemptions apply.

Cultural awareness training exemptions

Cultural awareness training exemptions are possible where:

- Appropriate training has been completed up to 12 months before the practice signs on for the incentive;
- A practice is under the management of an Aboriginal Board of Directors or a committee made up mainly of Aboriginal community representatives; There are only two staff members at a practice, it is sufficient for only one staff member to complete appropriate cultural awareness training or be considered to be exempt;
- A staff member qualified as an Aboriginal health worker; and
- The only general practitioner at the practice is on a temporary contract with a tenure of six months or less, provided that at least one other staff member has met the requirement or is considered to be exempt.

References

Medicare Benefits Schedule

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

Practice Incentives Program Guidelines

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

More information

PIP Enquiry Line: 1800 222 032
 Email: pip@humanservices.gov.au
 Fax: 1300 587 696
 Practice Incentives Program
 Department of Human Services
 GPO Box 2572
 ADELAIDE SA 5001

See also

Practice Assist Fact Sheets and Resources:

- After-hours Incentive
- Asthma Incentive
- Cervical Screening Incentive
- Diabetes Incentive
- eHealth Incentive
- GP Aged Care 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