Practice Assist
Strengthening general practice in WA

User guide

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Practice Incentives Program **Overview**

December 2017

Practice Assist is an initiative of

WAPHA WA Primary Health Alliance

RURAL HEALTH WEST

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References

Medicare Australia
http://www.medicareaustralia.gov.au/provider/incentives/pip/updates.jsp

National Association for Medical Deputising Australia Ltd.
http://www.namds.com

Practice Incentives Program
http://www.humanservices.gov.au/health-professionals/services/practice-incentives-programme/
Telephone: 1800 222 032 (free call)
Facsimile: 1300 587 696
Email: pip@humanservices.gov.au

Public Key Infrastructure (PKI) Certificates
http://www.humanservices.gov.au/health-professionals/services/public-key-infrastructure/
Telephone: 1800 700 199 (call charges may apply).
Email: ebusiness@humanservices.gov.au

If you already have a PKI Individual Certificate and need assistance with installation, access or technical difficulties, call the eBusiness Service Centre on 1800 700 199.

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Introduction

The Practice Incentives Program (PIP) is aimed at supporting general practice activities that encourage continuing improvements, quality care, enhanced capacity, and improve access and health outcomes for patients.

The PIP is administered by Medicare on behalf of the Australian Government Department of Health. There are currently eleven individual incentives in the PIP. In addition, there is a separately run program, the Practice Nurse Incentive Program.

An accredited general practice may seek enrolment on the PIP for additional patient health outcomes and financial incentives.

The following is intended as an example of potential PIP incentives that a practice may be eligible for. Some items may rely upon the employment of a registered nurse and/or an enrolled nurse, achieving all categories or tiers in an incentive and requires that all doctors be claiming the maximum of every incentive. Figures and benefits are current at September 2017 but are subject to change.

Asthma Incentive

Guidelines dated October 2013

Sign-on Payment

A one-off sign-on payment of $0.25 per SWPE is made to practices that register for the PIP Asthma Incentive. The payment is made to practices in the next quarterly payment following sign-on.

To sign-on for the PIP Asthma Incentive, practices are required to:

- Register for the PIP Asthma Incentive.
- Maintain a patient register, and a recall and reminder system, for their patients with moderate to severe asthma.
- Agree to implement a cycle of care for their patients with moderate to severe asthma.
- Agree to have their practice details provided to the National Asthma Council Australia or state based organisations so they can receive information about the asthma cycle of care.

The register and the recall and reminder system must:

- Include a list of all known patients with asthma attending the practice, including the patient's name, an identifier (eg the practice's patient reference number) and contact details.
- Be kept active.

Service Incentive Payment

A Service Incentive Payment (SIP) of $100 per year is paid to general practitioners for each cycle of care completed for a patient with moderate to severe asthma. General practitioners must be working at a PIP practice that is signed on for the PIP Asthma Incentive (see above). The SIPs are paid quarterly.

The asthma cycle of care for a patient with moderate to severe asthma must be delivered within a 12-month period and include the three steps of assessment, planning and review. The assessment and planning steps can be conducted in one consultation, if practicable.

At a minimum, the asthma cycle of care must include:

- At least two asthma related consultations within 12 months for a patient with moderate to severe asthma.
- At least one of these consultations (the review consultation) to have been planned at a previous consultation.
- Documented diagnosis and assessment of the patient's level of asthma control and severity of asthma.
- Review of the patient's use of, and access to, asthma related medication and devices.
- Provision to the patient of a written asthma action plan (if the patient is unable to use a written asthma action plan - discussion with the patient about an alternative method of providing an asthma action plan, and documentation of the discussion in the patient's medical record).
- Provision of asthma self-management education to the patient.
- A review of the written or documented asthma action plan.

Asthma Incentive Payment schedule

Practice Incentives Program	Maximum amount claimable	Potential PIP income*
Asthma Incentive – sign-on payment	One-off sign-on payment of $0.25 per SWPE	$250
Asthma Incentive - service incentive payment	$100 per patient for a complete cycle of care	$100 per patient per complete cycle of care

* based on the estimated value of 1,000 SWPEs annually

After-hours Incentive

As per Medicare website dated 6 August 2015

Eligibility

To be eligible for the PIP After-Hours Incentive, practices must meet the following core eligibility requirements:

- Be registered for the PIP and meet the requirements for the payment level claimed for the entire quarter before the month.
- Provide after-hours care for patients in accordance with the Royal Australian College of General Practitioners (RACGP) Standards for general practices: fourth edition.
- Clearly communicate after-hours arrangements, including information available within the practice, on the practice website or through a telephone answering machine.

After-hours periods

For the purposes of the PIP After-Hours Incentive, the complete after-hours period is:

- Weekdays 6.00pm to 8.00am;
- Saturdays 12.00pm to 8.00am; and
- All day on Sunday and public holidays.

The after-hours period is further broken into:

Sociable after-hours period:

- 6.00pm to 11.00pm weeknights

Unsociable after-hours period:

- Weekdays between 11.00pm and 8.00am;
- Saturdays between 12.00pm and 8.00am; and
- All day Sunday and public holidays.

Cooperative arrangements

An after-hours cooperative is defined as general practices working together to provide care to patients outside the normal opening hours of their practices. General practitioners from the participating practices must provide all of the care for the cooperative.

Eligible cooperative arrangements must make sure consultation notes and information about the care provided are sent back to the patient's regular practice. This must occur in a timely manner that is suitable to both parties, where patient consent has been obtained.

Medical Deputising Services

Medical Deputising Services are organisations which directly arrange for medical practitioners to provide after-hours medical services to patients of practice principals during the absence of, and at the request of, the practice principals. For the purposes of the PIP a Medical Deputising Service is not considered to be a general practice.

After-hours Incentive Payment schedule

After-hours period	Care provider	Practice Incentives Program
After-hours Level 1 Complete after-hours coverage	Formal arrangements in place with other providers, including Medical Deputising Services, to ensure access for practice patients.	$1 per SWPE
After-hours Level 2 Sociable after-hours cooperative coverage	Sociable after-hours period: • Participating general practice in a cooperative arrangement, including minimum hourly participation requirements.	$4 per SWPE
	Unsociable after-hours period: • Formal arrangements in place with other providers, including Medical Deputising Services, to ensure access for practice patients.	
After-hours Level 3 Sociable after-hours practice coverage	Sociable after-hours period: • Provide after-hours care to patients directly through the practice	$5.50 per SWPE
	Unsociable after-hours period: • Have formal arrangements in place, such as a local hospital.	
After-hours Level 4 Complete after-hours cooperative coverage	• Participating general practices in cooperative arrangement with other general practices. • Minimum hourly participation requirements apply.	$5.50 per SWPE
After-hours Level 5 Complete after-hours practice coverage	After-hours services are provided to practice patients: • By a participating general practice; and • For the complete after-hours period. • Practices cannot participate in a cooperative to be eligible for this payment.	$11 per SWPE

Cervical Screening Incentive

Guidelines dated November 2017

The PIP Cervical Screening Incentive aims to encourage general practitioners to screen under-screened women (ie women who have not had a cervical smear in the last four years) for cervical cancer, and to increase overall screening rates.

The PIP Cervical Screening Incentive has three components:

1. **Sign-on Payment**
   - $0.25 per SWPE: A one-off payment to practices that engage with the state and territory cervical screening registers.
2. **Outcomes Payment**
   - $3 per eligible WPE: A payment to practices where at least 70 per cent of eligible patients are screened in a 30-month reference period.
3. **Service Incentive Payment**
   - $35 per patient: A payment to general practitioners for each cervical smear taken on an under-screened woman aged at least 24 years and 9 months but less than 75 years of age.

Cervical Screening Incentive Payment schedule

Practice Incentives Program	Maximum amount claimable	Potential PIP income*
Cervical Screening Incentive - Sign-on Payment	One-off sign-on payment of $0.25 per SWPE	$250
Cervical Screening Incentive - Outcomes Payment	$3 per eligible WPE	$3 per eligible WPE
Cervical Screening Incentive - Incentive Payment	$35 per patient screened	$35 per patient screened

* based on the estimated value of 1,000 SWPEs annually

Diabetes Incentive

Guidelines dated October 2013

The PIP Diabetes Incentive aims to encourage general practitioners to provide earlier diagnosis and effective management of people with established diabetes mellitus.

The PIP Diabetes Incentive has three components:

1. **Sign-on Payment**
   - $1 per SWPE: A one-off payment to practices that use a patient register and a recall and reminder system for their patients with diabetes mellitus.
2. **Outcomes Payment**
   - $20 per diabetic SWPE: A payment to practices where at least two per cent of practice patients are diagnosed with diabetes mellitus and general practitioners have completed a diabetes cycle of care for at least 50 per cent of these patients.
3. **Service Incentive Payment**
   - $40 per patient per year: A payment to general practitioners for each completed cycle of care for patients with established diabetes mellitus

Diabetes Incentive Payment schedule

Practice Incentives Program	Maximum amount claimable	Potential PIP income*
Diabetes Incentive - Sign-on Payment	One-off Sign-on Payment of $1 per SWPE	$1,000
Diabetes Incentive - Outcomes Payment	$20 per diabetic SWPE	$20 per diabetic SWPE
Diabetes Incentive - Service Incentive Payment	$40 per patient for a complete cycle of care	$40 per patient for a complete cycle of care

* based on the estimated value of 1,000 SWPEs annually

eHealth Incentive

Guidelines dated May 2016

The PIP eHealth Incentive payments are calculated at $6.50 per Standardised Whole Patient Equivalent (SWPE) per year. Payments are capped at $12,500 per quarter.

Practices must meet the requirements of each of the components to qualify for payments through this incentive.

Requirement 1 - Integrating Healthcare Identifiers into Electronic Practice Records

The practice must:

- Apply to Human Services to obtain a Healthcare Provider Identifier–Organisation (HPI–O) for the practice and store the HPI–O in a compliant clinical software system.
- Ensure that each general practitioner within the practice has their Healthcare Provider Identifier–Individual (HPI–I) stored in a compliant clinical software system, and
- Use a compliant clinical software system to access, retrieve and store verified Individual Healthcare Identifiers (IHI) for presenting patients.

Requirement 2 - Secure Messaging Capability

- The practice must have a standards-compliant secure messaging capability to electronically transmit and receive clinical messages to and from other healthcare providers, use it where feasible, and have a written policy to encourage its use in place.

Requirement 3 - Data Records and Clinical Coding

- Practices must ensure that where clinically relevant, they are working towards recording the majority of diagnoses for active patients electronically, using a medical vocabulary that can be mapped against a nationally recognised disease classification or terminology system. Practices must provide a written policy to this effect to all general practitioners within the practice.

Requirement 4 - Electronic Transfer of Prescriptions

- The practice must ensure that the majority of their prescriptions are sent electronically to a Prescription Exchange Service (PES).

Requirement 5 – My Health Record system

The practice must:

- Use compliant software for accessing the My Health Record system, and creating and posting shared health summaries and event summaries;
- Apply to participate in the My Health Record system upon obtaining a HPI–O; and
- Upload a shared health summary for a minimum of 0.5% of the practice's standardised whole patient equivalent (SWPE) count of patients per PIP payment quarter.

eHealth Incentive Payment schedule

Practice Incentives Program	Maximum amount claimable	Potential PIP income*
eHealth Incentive	$6.50 per SWPE	$6,500

* based on the estimated value of 1,000 SWPEs annually

GP Aged Care Access Incentive

Guidelines dated September 2013

The PIP General Practitioner Aged Care Access Incentive (ACAI) aims to encourage general practitioners to provide increased and continuing services in residential aged care facilities (RACF).

The PIP General Practitioner ACAI payments are based on a general practitioner providing a required number of eligible Medicare Benefits Schedule (MBS) services in RACFs in a financial year.

The PIP GP ACAI has two payment tiers:

Tier 1

- Qualifying Service Level (QSL): 60 services.
- Service Incentive Payment (SIP): $1,500.

Tier 2

- Qualifying Service Level (QSL): 140 services.
- Service Incentive Payment (SIP): $3,500.

GP Aged Care Access Incentive Payment schedule

Practice Incentives Program	Maximum amount claimable	Potential PIP income
Tier 1 GP Aged Care Access Incentive	Minimum Qualifying Service Level (QSL) is 60 services for SIP of $1,500	$1,500
Tier 2 GP Aged Care Access Incentive	Minimum Qualifying Service Level (QSL) is 140 services for SIP of $3,500	$3,500

Indigenous Health Incentive

Guidelines dated February 2014

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.

The PIP Indigenous Health Incentive has three components:

1. **Sign-on Payment**
    - $1,000 per practice: A 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.
2. **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.
3. **Outcomes Payment**
    - Up to $250, paid in two tiers of service level provided:

Tier 1

- $100 per eligible patient per calendar year: A 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: A payment to practices for providing the majority of care for a registered patient in a calendar year.

Indigenous Health Incentive Payment schedule

Practice Incentives Program	Maximum amount claimable	Potential PIP income*
Indigenous Health Incentive – Sign-on Payment	One off payment of $1,000 per practice	$1,000
Indigenous Health Incentive - Patient Registration Payment	$250 per eligible patient per calendar year	$250 per eligible patient per calendar year
Indigenous Health Incentive - Outcomes Payment Tier 1	$100 per eligible patient per calendar year	$100 per eligible patient per calendar year
Indigenous Health Incentive - Outcomes Payment Tier 2	$150 per eligible patient per calendar year	$150 per eligible patient per calendar year

Practice Nurse Incentive Program

Guidelines dated July 2012

The Practice Nurse Incentive Program (PNIP) provides incentive payments to practices to support an expanded and enhanced role for nurses working in general practice.

Eligibility criteria

To be eligible to participate in the PNIP, a practice must:

- Meet the RACGP definition of a 'general practice' as defined in the current RACGP Standards for general practices;
- Maintain full accreditation or be registered for accreditation against the RACGP Standards for general practices;
- Achieve full accreditation within 12 months of joining the PNIP and maintain full accreditation thereafter;
- Maintain current public liability insurance;
- Ensure that all practice general practitioners maintain current professional indemnity cover;
- Ensure that all practice nurses, Aboriginal health workers and allied health professionals (where applicable) are covered by appropriate professional indemnity insurance arrangements as required by the Australia Health Practitioner Regulation Agency or by the professional's registration board;
- Employ or otherwise retain the services of eligible practice nurses and/or Aboriginal health workers; and
- Employ or otherwise retain the services of a general practitioner. This may include less than one full-time general practitioner.

All practices eligible under the above criteria can apply for incentives through the PNIP to support the employment and/or retention of registered nurses, enrolled nurses or Aboriginal health workers.

Payments

Payments under the PNIP are calculated quarterly with one incentive equating to:

- $25,000 per annum, per 1,000 SWPE where a registered nurse works at least 12 hours 40 minutes per week; and
- $12,500 per annum, per 1,000 SWPE where an enrolled nurse or Aboriginal health worker works at least 12 hours and 40 minutes per week

A practice may be eligible for a maximum of five Practice Nurse Incentive Payments.

The calculation of the payment made to a practice can include a combination of incentives for registered nurses, enrolled nurses and Aboriginal health workers (and allied health professionals where applicable). Where a practice uses the services of registered nurses, enrolled nurses, Aboriginal health workers and/or allied health professionals, where applicable, the higher incentive of $25,000 will be applied first.

Practice Nurse Incentive Program Payment schedule

Practice Incentives Program	Maximum amount claimable	Potential PIP income*
Practice Nurse Incentive Program	$25,000 per annum, per 1,000 SWPE where an RN works at least 12 hours 40 minutes per week; and	$25,000
Practice Nurse Incentive Program	$12,500 per annum, per 1,000 SWPE where an EN or AHW works at least 12 hours and 40 minutes per week	$12,500

* based on the estimated value of 1,000 SWPEs annually

Note: Practices are not eligible for PNIP incentives for any hours they are supported to employ or retain the services of a practice nurse, Aboriginal health worker or allied health professional through:

- Australian, state or territory government funding;
- Other private funding, or
- Incentive programs (for example, the Mental Health Nurse Incentive Program).

Department of Veterans' Affairs Loading

Practices that are eligible for the PNIP and provide general practitioner services to Department of Veterans' Affairs Gold Card holders will be eligible for a yearly, per veteran payment. These practices will be identified by Medicare Australia and paid in August each year.

The Department of Veterans' Affairs loading will be calculated by determining the number of Gold Card holders who receive an 'in rooms' consultation in an eligible practice during each year. An amount will be paid for each Department of Veterans' Affairs Gold Card holder, regardless of the practice location, nursing qualifications or the number of nurses per practice. There are no limitations on the number of Department of Veterans' Affairs loadings paid per practice.

Where a Gold Card holder chooses to use more than one practice each year, the Department of Veterans' Affairs loading will be divided across the practice's based on the percentage of total consultation fees paid.

Procedural GP Payment

Guidelines dated October 2013

The Procedural GP Payment aims to encourage general practitioners in rural and remote areas to maintain local access to surgical, anaesthetic and obstetric services.

A procedural general practitioner provides non-referred services, normally in a hospital theatre, maternity care setting or appropriately equipped facility, which in urban areas are typically the province of a specific referral-based specialty. Procedural services are:

- Obstetric delivery.
- General anaesthetic, major regional blocks.
- Abdominal surgery, gynaecological surgery requiring general anaesthetic, endoscopy.

Note: Minor procedures, such as aspiration of a knee joint, do not fit the intent of this incentive.

Procedural General Practitioner Payment Schedule

Procedural GP Payment:	Maximum amount claimable	Potential PIP income*
Tier 1 A GP must provide at least one procedural service, as defined above, in the six-month reference period.	$1,000 per procedural GP per six-month reference period	$1,000 per procedural GP per six-month reference period
Tier 2 Tier 1 requirements plus provide after-hours procedural services on a regular or rostered basis (15 hours per week on average, either on-call or on a roster) throughout the six-month reference period.	$2,000 per procedural GP per six-month reference period	$2,000 per procedural GP per six-month reference period
Tier 3 Tier 2 requirements plus provide 25 or more eligible surgical and/or anaesthetic and/or obstetric services in the six-month reference period.	$5,000 per procedural GP per six-month reference period	$5,000 per procedural GP per six-month reference period
Tier 4 Tier 2 requirements plus deliver 10 or more babies in the six-month reference period. Where a sole GP in a community delivers less than 10 babies but meets the obstetric needs of the community, the practice may qualify for a Tier 4 payment.	$8,500 per procedural GP per six-month reference period	$8,500 per procedural GP per six-month reference period

Quality Prescribing Incentive

Guidelines dated October 2013

The PIP Quality Prescribing Incentive (QPI) aims to encourage practices to keep up to date with information on the quality use of medicines. The PIP QPI rewards participation by practices in a range of activities recognised or provided by the National Prescribing Service (NPS).

To qualify for a payment through the PIP QPI, practices are required to participate in three activities in the reference period 1 May to 30 April per Full Time Equivalent (FTE) general practitioner per year, on average. One of the activities must be a clinical audit. Any changes in the number of general practitioners employed by the practice will impact on the total number of QPI activities to be completed. Each activity is undertaken by the individual general practitioner, but payments are made based on practices meeting a minimum participation level in QPI activities.

Recognised activities include:

- A clinical audit of prescribing for specific drug groups, using materials approved or produced by the NPS (available to all practices three to four times a year).
- Case studies using problem-based distance learning provided by the NPS (available to all practices six times a year). The case studies present a clinical scenario accompanied by a set of questions designed to help participants refine their clinical decision-making skills. The NPS presents each case study in two formats, a printed version inserted with NPS News and an online version.
- Practice visit(s) by an independent pharmaceutical detailer as approved by the NPS. These 'academic detailing' visits will act as a resource for general practitioners and promote the quality use of medicines. The availability of this option may be geographically limited.

Payments

The PIP QPI payments are calculated at $1.00 per Standardised Whole Patient Equivalent (SWPE) per year. The payment for the PIP QPI is made to the practice annually in the May quarter.

Quality Prescribing Incentive Payment Schedule

Practice Incentives Program	Maximum amount claimable	Potential PIP income*
Quality Prescribing Initiative	$1.00 per SWPE per year.	$1,000

* based on the estimated value of 1,000 SWPEs annually

Rural Loading Incentive

Guidelines dated November 2013

Practices participating in the PIP with a main practice location situated outside capital cities and other major metropolitan centres are automatically paid a rural loading. The rural loading recognises the difficulties of providing care, often with little professional support, in rural and remote areas. The PIP rural loading is higher for practices in more remote areas, in recognition of the added difficulties of providing medical care.

The PIP rural loading is applied to PIP practice payments. Service Incentive Payments (SIPs) and payments made through the General Practice Immunisation Incentive (GPII) do not attract a rural loading.

The rural loading varies with the remoteness of the practice, and is based on the classification of the practice using the Rural, Remote and Metropolitan Areas (RRMA) Classification.

RRMA classifications can be found at www.doctorconnect.gov.au

Practice Incentives Program	Maximum amount claimable
Rural loading – RRMA 2	0 per cent
Rural loading – RRMA 3	15 per cent
Rural loading – RRMA 4	20 per cent
Rural loading – RRMA 5	40 per cent
Rural loading – RRMA 6	25 per cent
Rural loading – RRMA 7	50 per cent

Teaching Payment

Guidelines dated December 2014

The teaching payments aim to encourage general practices to provide teaching sessions to undergraduate and graduate medical students who are preparing for entry into the Australian medical profession.

Payments are intended to compensate practices for the reduced number of consultations due to the presence of the student.

For each three-hour teaching session carried out, practices will receive $200 per session. Practices can claim a maximum of two sessions per general practitioner, per calendar day.

A rural loading is applied to the teaching payments of practices in rural and remote areas. The loading varies with the remoteness of the practice.

Payments are made quarterly after teaching sessions have been provided.

Practices can access payments through the PIP Teaching Incentive, provided that they meet the eligibility requirements.

Teaching sessions for registrars and junior doctors are not eligible for PIP Teaching Incentive payments.

Teaching sessions must be conducted under the supervision of a practice general practitioner. Whilst other practice staff, such as practice nurses, may contribute to the student's learning process, a general practitioner must be responsible for the teaching session for it to be claimed through the PIP Teaching Incentive.

It may be appropriate for the students to manage part of the patient consultation (eg commence taking patient history) without being under the direct supervision of a practice general practitioner. However, the supervising general practitioner must maintain overall responsibility for both the teaching session and the patient consultation in order for the teaching session to be claimed through the PIP Teaching Incentive.

Teaching Payment Incentive Payment schedule

Practice Incentives Program	Maximum amount claimable	Potential PIP income
Teaching Payment	$200 for each three-hour teaching session	$200 for each three-hour teaching session.

PIP Summary

- Potential for the average general practice to earn up to $10,000 in sign on incentives; and
- Approximately $60,150 in service incentives, outcomes and patient registration payments where eligible.

Plus, additional eligibility for:

- Rural Loading
- PNIP Department of Veterans' Affairs Loading
- After-Hours Incentive Payment
- Procedural General Practitioner Payment

Sign on incentives	Incentive
Asthma Incentive	$250
Cervical Screening Incentive	$250
Diabetes Incentive	$1,000
eHealth Incentive	$6,500
Indigenous Health Incentive	$1,000
Quality Prescribing Incentive	$1,000
Total approximate sign on incentives	**$10,000**

Estimated patient modelling

Approximate service incentives, outcomes and patient registration payments. Modelling is based on estimated patient numbers seen by one full time equivalent general practitioner per annum

PIP Incentive	Activity	Base incentive payment	Approx # of patients / students	Approx incentive income
Asthma Incentive - Service Incentive Payment	per patient for a complete cycle of care	$100	25	$2,500
Cervical Screening Incentive - Incentive Payment	per patient screened	$35	25	$875
Cervical Screening Incentive - Outcomes Payment	per eligible WPE	$3	25	$75
Diabetic Incentive - Outcomes Payment	per diabetic SWPE	$20	45	$900
Diabetic Incentive Service - Incentive Payment	per complete cycle of care	$40	45	$1,800
GP Aged Care Access Incentive - Tier 1	Minimum Qualifying Service Level (QSL) is 60 services	$1,500	60	$1,500
Indigenous Health Incentive - Outcomes Payment Tier 1	per eligible patient per calendar year	$100	10	$1,000
Indigenous Health Incentive - Outcomes Payment Tier 2	per eligible patient per calendar year	$150	10	$1,500
Indigenous Health Incentive - Patient Registration Payment	per eligible patient per calendar year	$250	10	$2,500
Practice Nurse Incentive Program: per 1,000 SWPE	RN working at least 12 hours 40 minutes per week	$25,000	1	$25,000
Practice Nurse Incentive Program: per 1,000 SWPE	EN or AHW working at least 12 hours and 40 minutes per week	$12,500	1	$12,500
Teaching Payment: Based on five students x 10 sessions each	per each three-hour teaching session	$200	5	$10,000
Total approximate annual service incentives, outcomes and patient registration payments				**$60,150**

Definitions

After-hours

For the purposes of the PIP, after-hours refers to:

- Any time outside 8.00am to 6.00pm weekdays
- Any time outside 8.00am to 12noon on Saturday
- All day on Sunday and public holidays

Chronic disease

For the purposes of the PIP, the definition of a 'chronic disease' is 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.

Cultural awareness training

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.

General practitioner

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

Medical Deputising Service (MDS)

An organisation accredited by the Royal Australian College of General Practitioners to provide continuing and comprehensive care of patients 24 hours a day.

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.

Public Key Infrastructure (PKI)

Refers to Information Technology (IT) infrastructure and technology that provides security and confidentiality for electronic business and enables the secure exchange of data. Therefore, PKI is a set of not only software tools, but hardware, network services and management techniques (policy and procedures) that work together to provide a web of trust.

Rural, Remote and Metropolitan Area (RRMA)

This classification is based on Statistical Local Areas (SLA) and allocates each SLA in Australia to a category based primarily on population numbers and an index of remoteness. The index of remoteness is used to allocate non-metropolitan SLAs to either the rural or remote zone.

Standardised Whole Patient Equivalent (SWPE)

SWPE value of a practice is the sum of the fractions of care provided to practice patients, weighted for the age and gender of each patient. As a guide, the average full-time general practitioner has a SWPE value of around 1,000 SWPEs annually.

Whole Patient Equivalent (WPE)

The total care for each patient equals one (1.0) and is known as the Whole Patient Equivalent (WPE). The WPE is based on general practitioner and other non-referred consultation items in the MBS and uses the value rather than the number of consultations per patient.