

**Practice Incentives Program (PIP) and Workforce Incentive Program (WIP).  
Response to COVID-19 to support general practice**

**UPDATED VERSION (24 April 2020)**

In recognition that general practices, Aboriginal Medical Services and Aboriginal Community Controlled Health Organisations across the nation have been impacted by COVID-19, the Department of Health and Services Australia have undertaken work to implement a number of temporary measures under the Practice Incentives Program (PIP) and Workforce Incentive Program (WIP) to help ensure business continuity.

These measures are designed to make it easier for practices to continue to manage the impact of COVID-19 and to continue providing quality care to their communities.

This means that:

- For practices participating in the **PIP Quality Improvement (QI) Incentive**, Primary Health Networks (PHNs) have been advised to inform the Department if a practice has been unable to submit their PIP Eligible Data Set data as a result of the impacts of COVID-19 on their practice. These practices will receive a PIP QI payment for the 1 February 2020 to 30 April 2020 quarter. Arrangements for the 1 May to 31 July quarter will continue to be monitored and advice provided as the COVID-19 response evolves.
- The **PIP QI** has also been temporarily amended to provide greater support to general practice business continuity during this time. The new measure has resulted in a 100% increase (for two quarters) to the funding per Standard Whole Patient Equivalent (SWPE) rate received by practices participating under the PIP QI. Participating practices will now receive \$10 per SWPE (increased from \$5 per SWPE), and the quarterly payment cap has been raised from \$12,500 per quarter to \$25,000 per quarter.
- Practices who continue to maintain face-to-face consultations for patients who require service delivered in the practice will receive these increased payments for the May and August PIP QI payment months.
- For practices participating in the **PIP Electronic Health (eHealth) Incentive**, pre-payment compliance arrangements will cease during this interim period and payments will be made to participating practices. Compliance activities will resume once there is transition to the recovery phase of the pandemic. There is an expectation that practices will have to demonstrate adherence to the requirements of the e-PIP incentive. Arrangements for the 1 May to 31 July quarter will also continue to be monitored and advice provided as the COVID-19 response evolves.
- The **PIP Teaching Payment** has been temporarily amended for the duration of the COVID-19 response period to assist practices to continue to perform the valuable work of training Australia's future health workforce, while also ensuring the safety of patients, the practice and students. The amendments include:
  - a temporary removal of the requirement for practices to obtain a student signature before lodging a PIP Teaching Payment claim (practices must instead maintain records of teaching and names of students for audit purposes);

- practices may use remote arrangements (such as telephone and video-conferencing) to continue to provide training that involves medical students in patient care; and
  - practices may opt to perform 3 x 1 hour sessions across different days to qualify for the 3 hour session time requirement (however, practices must not make a claim until the full 3 hour session is completed, and the claim can be made by using the last date training took place). To avoid overpayment, practices must not record the individual dates that the training took place on the claim form. Practices must maintain records of each training session for audit purposes.
- For the **Workforce Incentive Program (WIP) – Practice Stream**, due to the transition from the Practice Nurse Incentive Program (PNIP) to the WIP, automatic payments based on last quarter's participation information will not be possible. Given this, practices can either:
    - submit a quarterly confirmation statement (by the due date of 30 April 2020) to receive their incentive payment on time; or
    - submit their quarterly confirmation statement after this date to receive a delayed payment after lodgement.

A majority of PIP payments will proceed automatically without a practice needing to perform any additional input aside from making MBS item claims – PIP incentives that are tied to MBS item claims will proceed as per normal.

Further, the Department also recognises that COVID-19 may impact processes that practices undertake to ensure accreditation and/or are unable to access accreditation services through their accrediting organisation due to COVID-19. The Australian Commission on Safety and Quality in Health Care have released advice relating to accreditation which can be found [here](#).

The Department, in partnership with other Australian Government agencies, PHNs and key health sector stakeholders will continue to monitor the impacts of COVID-19 on general practices, in the interest of ensuring that these practices can be supported in delivering quality primary care across Australia.

For any queries, please contact [practicesupport@health.gov.au](mailto:practicesupport@health.gov.au)