

Information on the Practice Incentives Program (PIP) Indigenous Health Incentive

The new Practice Incentives Program (PIP) Indigenous Health Incentive will commence in May 2010. This incentive will support general practices and Indigenous health services to provide better health care to Indigenous Australians, including best practice management of chronic disease.

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

To join this new incentive, practices will need to be participating in the PIP and meet specific sign-on requirements. The first payments through the PIP Indigenous Health Incentive will be made to eligible practices in May 2010.

Medicare Australia will write to all PIP practices in December 2009 with information about the PIP Indigenous Health Incentive. Medicare Australia will write to PIP practices again early in 2010, inviting them to apply for the PIP Indigenous Health Incentive and providing them with the necessary documents.

There will be three types of payments available through the PIP Indigenous Health Incentive:

1. Sign-on payment

A one-off sign-on payment of \$1,000 will be made to practices that agree to:

- seek consent to register their Aboriginal and/or Torres Strait Islander patients (regardless of age) who have, or are at risk of, chronic disease with Medicare Australia in order to access support through the relevant Tackling Indigenous Chronic Disease Package measures;
- establish a mechanism to ensure their Aboriginal and/or 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 their patients) to ensure they return for ongoing care;
- undertake cultural awareness training within 12 months of joining the incentive¹; and
- annotate Pharmaceutical Benefits Scheme (PBS) prescriptions for eligible Aboriginal and/or Torres Strait Islander patients for the purposes of the Tackling Indigenous Chronic Disease Package PBS Co-payment Measure from 1 July 2010.

¹ Practices under the management of an Aboriginal Board of Directors, or a committee comprising predominately Aboriginal community representatives, are exempt from this requirement.

2. Annual patient registration payments

Practices will be required to register their eligible Aboriginal and/or Torres Strait Islander patients with Medicare Australia for the purposes of the PIP Indigenous Health Incentive and/or the PBS Co-payment Measure.

To be eligible for patient registration payments, practices must agree to actively plan and manage the care of their Aboriginal and/or Torres Strait Islander patients with chronic disease for a calendar year. The patient's registration period will commence from the date they provide consent to participate in the incentive, and will end on 31 December of that year. Practices will be required to obtain consent to re-register patients each year. The patient registration payment is payable once per patient, per calendar year.

A patient registration payment of \$250 will be paid to the practice for each Aboriginal and/or Torres Strait Islander patient who:

- is aged 15 years and over;
- has a chronic disease;
- has had (or has been offered) the appropriate health check for Aboriginal and Torres Strait Islander Australians (MBS items 704-710); and
- has provided informed consent to be registered for the PIP Indigenous Health Incentive.

3. Outcomes payment

There are two outcomes payments available to practices each calendar year, per patient registered for the PIP Indigenous Health Incentive. Payments will be calculated by Medicare Australia based on MBS services provided to patients, and automatically made to those practices meeting the outcomes targets within the calendar year. Practices may be eligible for either or both outcomes payments, even if the patient is currently registered at another practice.

Tier 1 Outcomes payment - chronic disease management

A payment of \$100 per patient, per calendar year will be made to practices that:

1. develop a GP Management Plan (GPMP) (MBS item 721) or coordinate the development of Team Care Arrangements (TCA) (MBS item 723) for the patient
and
undertake at least one review of the GPMP (MBS item 725) or the TCA (MBS item 727)
or
2. undertake two reviews of the patient's GPMP (MBS item 725) or TCA (MBS item 727)
or
3. contribute to, or review, a multidisciplinary care plan for a patient in a residential aged care facility (MBS item 731) on two occasions.

Tier 2 Outcomes payment – total patient care

A payment of \$150 per patient, per calendar year, will be made to the practice that provides the majority (i.e. the highest number), of MBS services for a patient (with a minimum requirement of 5 MBS services) in the registration period. This may include the MBS services provided to qualify for the Tier 1 Outcomes Payment.

Further information about the PIP Indigenous Health Incentive will be mailed to eligible practices in the next few weeks. In addition, practices can also get further information by calling **1800 222 032**.