



Australian Government
Department of Health and Ageing
Department of Human Services

CLOSING THE GAP
tackling
Indigenous
chronic
disease



Practice Incentives Program

Indigenous Health Incentive guidelines—February 2014

PIP Indigenous Health Incentive

The Practice Incentives Program (PIP) Indigenous Health Incentive aims to support general practices and Indigenous health services (hereafter collectively referred to as ‘practices’) to provide better health care for Aboriginal and/or Torres Strait Islander patients, including best practice management of chronic disease.

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

More information on the Tackling Indigenous Chronic Disease package is available at health.gov.au/tackling-chronic-disease. Your local affiliate of the National Aboriginal Community Controlled Health Organisation (NACCHO) or Medicare Local can also provide information on the measures relevant to practices.

Eligibility

To be eligible for the PIP Indigenous Health Incentive sign-on payment, the practice must:

- participate in the PIP—for more information on overall PIP eligibility, go to the PIP guidelines available at humanservices.gov.au/healthprofessionals then **Incentives and Allowances > Practice Incentives Program > Forms and guidelines**, and meet the requirements of the sign-on payment (see **Sign-on payment**).

To be eligible for the patient registration and outcomes payments, the practice must:

- be signed on for the PIP Indigenous Health Incentive, and
- meet the relevant requirements for these payments (see **Patient registration payment** and **Outcomes payments**).

Payments

The PIP Indigenous Health Incentive has three components—the practice sign-on payment, patient registration payment and the outcomes payment (see **Table 1**).

A rural loading ranging from 15–50 per cent, depending on the remoteness of the practice, is applied to the payments of practices located in Rural, Remote and Metropolitan Areas (RRMA) 3–7. For more information on the PIP rural loading, refer to the PIP Rural Loading guidelines available at humanservices.gov.au/healthprofessionals then **Incentives and Allowances > Practice Incentives Program > Forms and guidelines**.

Table 1: Payments and requirements of the PIP Indigenous Health Incentive

Component	Payment	Activity required for payment
(i) Sign-on payment	\$1000 per practice	One-off payment to practices that agree to undertake specified activities to improve the provision of care to their Aboriginal and/or Torres Strait Islander patients with a chronic disease.
(ii) Patient registration payment	\$250 per eligible patient per calendar year	A payment to practices for each Aboriginal and/or Torres Strait Islander patient aged 15 years and over who are registered with the practice for chronic disease management.
(iii) Outcomes payment—up to \$250	Tier 1: \$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: \$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.

(i) Sign-on payment

A one-off sign-on payment of \$1000 is made to practices that register for the PIP Indigenous Health Incentive. The payment is made to practices in the next quarterly payment following sign-on.

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

- agree to receive consent to register their eligible Aboriginal and/or Torres Strait Islander patients for the PIP Indigenous Health Incentive and/or the Pharmaceutical Benefits Scheme (PBS) Co-payment Measure with the Department of Human Services (Human Services) (see **PBS Co-payment Measure**)
- create and use a system to make sure their Aboriginal and/or Torres Strait Islander patients aged 15 years and over with a chronic disease are followed up (for example through use of a recall and reminder system, or staff actively seeking out patients to make sure they return for ongoing care)
- undertake cultural awareness training within 12 months of joining the incentive, unless exempt (see **Cultural awareness training**), and
- annotate PBS prescriptions for Aboriginal and/or Torres Strait Islander patients participating in the PBS Co-payment Measure from 1 July 2010 (see **PBS Co-payment Measure**).

(ii) Patient registration payment

A patient registration payment of \$250 is made to practices for each Aboriginal and/or Torres Strait Islander patient who:

- is a 'usual' patient of the practice (see '**Usual practice patients**)
- is aged 15 years and over
- has a chronic disease(s) (see **Definition of a chronic disease**)
- has had, or been offered, a health check for Aboriginal and/or Torres Strait Islanders (Medicare Benefits Schedule (MBS) item 715) (see **Aboriginal and Torres Strait Islander health checks**)
- has a current Medicare card, and
- has provided informed consent to be registered for the PIP Indigenous Health Incentive by completing the patient consent part of the *Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent* form and the practice has sent or faxed it to Human Services or completed patient registration online via Health Professional Online Services (HPOS).

The patient registration payment is paid once per patient, per calendar year for patients registered between 1 January and 31 October. If a patient is registered for the first time in November or December of a year, they'll be registered from 1 January to 31 December of that year, as well as for the following year. Practices will receive one patient registration payment of \$250 in the February payment quarter of the following year (see **Table 2**).

A practice won't receive a patient registration payment for a patient who is already registered for that calendar year with another practice.

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**** 8.30am to 5.00pm Monday to Friday Australian Central Standard Time.

Table 2: Patient registration payment

Date Registered	Registration Period	Patient Registration Payment—\$250
1 January to 31 October	1 January to 31 December	In the next quarterly payment
1 November to 31 December	1 January to 31 December of that year, and 1 January to 31 December of the following year	February of the following year

When registering a patient using the paper form, practices must send or fax the completed *Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent* form to Human Services. The form must be received by no later than 7 days prior to the relevant 'point-in-time' date so the practice can receive a patient registration payment the following quarter (see **Table 3**).

Table 3: Point-in-time dates

Point-in-time date	Payment made
31 January	February
30 April	May
31 July	August
31 October	November

A list of patients registered at the practice during the quarter for the PIP Indigenous Health Incentive will be provided as part of the practice's PIP quarterly payment advice. Human Services will also contact practices directly if a patient can't be registered for any reason.

(iii) Outcomes payments

There are two tiers of outcomes payments available each calendar year for each registered patient. Outcomes payments are based on MBS services provided from 1 January to 31 December of each year the patient is registered. Outcomes payments are only made to the PIP practices that are signed on for the Indigenous Health Incentive.

Practices may be eligible for either, or both, outcomes payments even if the patient is currently registered for the PIP Indigenous Health Incentive at another PIP practice.

Tier 1: Outcomes payments are paid in the quarter after the required services have been provided.

Tier 2: Outcomes payments are paid in February each year.

Practices that have met the requirements of the outcomes payment don't have to take any action to get a payment. The outcomes payments are automatically paid as part of the PIP quarterly payment to the bank account nominated by the practice.

Tier 1 outcomes payment—chronic disease management

A payment of \$100 per patient is made to practices that:

- 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 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 patients' needs, is once every two years, with regular reviews (recommended six monthly).

Tier 2 outcomes payment—total patient care

A payment of \$150 per patient is made to the practice that provides the majority of eligible MBS services for the patient (with a minimum of any five eligible MBS services) during the calendar year. This may include the services provided to qualify for the Tier 1 outcomes payment.

If two or more practices provide the same number of eligible MBS services for a patient (with a minimum of any five eligible MBS services) in the calendar year, a Tier 2 outcomes 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.

Requirements

Identification of Aboriginal and/or Torres Strait Islander patients

For practices to register patients for the PIP Indigenous Health Incentive and the PBS Co-payment Measure, patients must self identify to the GP or practice staff as being of Aboriginal and/or Torres Strait Islander origin. Patients don't need to provide evidence to support this.

GPs or practice staff should ask all patients if they identify as being of Aboriginal and/or Torres Strait Islander origin. The Australian Bureau of Statistics advises that the wording of a question influences a patient's response. Always ask the national standard identification question 'are you of Aboriginal or Torres Strait Islander origin?'. For a child or a patient unable to respond, ask an accompanying responsible adult 'is (person's name) 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 to reveal their ethnic origin. Their answer should be recorded as stated in their patient record. Practices should respect the patient's choice to self identify.

The RACGP *Standards for general practices* state practices need to work towards the routine recording of patients' cultural background, including self identified Aboriginal and/or Torres Strait Islander Australians, to help appropriately tailor care to patients.

Cultural awareness training

To meet this requirement, at least two staff members from the practice (one must be a GP) must complete appropriate cultural awareness training within 12 months of the practice signing on to the incentive. Exemptions are listed below. For the purpose of the PIP Indigenous Health Incentive, appropriate training is any endorsed by a professional medical college, including:

- 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.

Exemptions:

- appropriate training completed up to 12 months before the practice signs on for the incentive
- practices under the management of an Aboriginal Board of Directors or a committee made up mainly of Aboriginal community representatives

Note: further reference to exemptions for GPs working in an “Indigenous Health Service” means an Indigenous Health Service under the management of an Aboriginal Board of Directors or a committee made up mainly of Aboriginal community representatives.

- a GP at the practice who works at an Indigenous Health Service on a regular basis, provided that at least one other staff member has met the requirement or is considered to be exempt

Note: there is no prescribed definition of ‘regular’ for the purposes of the PIP Indigenous Health Incentive, practices must demonstrate appropriate cultural awareness gained from the interaction with an Indigenous Health Service.

- if 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
- if the only GP at the practice is on a temporary contract with a tenure of 6 months or less, provided that at least one other staff member has met the requirement or is considered to be exempt.

Where a staff member, including a GP, counted towards meeting this requirement leaves the practice, another staff member of the practice will be required to meet the training requirement or be considered to be exempt, within 12 months of the separation date of the previous staff member.

There may be other non-prescribed circumstances under which a practice may wish to claim that it meets the requirement or should be exempt from it which may be considered on a case by case basis.

‘Usual’ practice patients

Patient registration for the PIP Indigenous Health Incentive should only be undertaken by the patient’s ‘usual care provider’. This is the practice that has 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 written 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.

Before a GP submits the *Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent* form, they should be satisfied their peers would agree their practice provides the ‘usual care’ to the patient, given the patient’s needs and circumstances. The term ‘usual care provider’ wouldn’t generally apply to a practice that provides only one service to a patient.

Definition of a chronic disease

The PIP Indigenous Health Incentive uses the MBS definition of a chronic disease—a disease that has been, or is likely to be, present for at least six months. It includes but is not limited to asthma, cancer, cardiovascular illness, diabetes mellitus, musculoskeletal conditions and stroke.

Chronic diseases that are key contributors to mortality for Aboriginal and/or Torres Strait Islander Australians are cardiovascular disease, diabetes, chronic respiratory disease, cancer and chronic kidney disease.

Aboriginal and/or Torres Strait Islander health checks

Conducting Aboriginal and/or Torres Strait Islander health checks (MBS item 715) is a useful first step to make sure Aboriginal and/or Torres Strait Islander Australians get the best level of health care. It encourages early detection, diagnosis and intervention for common and treatable conditions that cause considerable morbidity and early mortality. Practices are encouraged to bulk-bill their Aboriginal and/or Torres Strait Islander patients to help improve affordability and access to care.

Aboriginal and/or Torres Strait Islander patients, who have had a health check, can be referred by their GP to eligible allied health professionals for up to five services per calendar year (MBS items 81300-81360). They can also receive up to 10 follow-up services per calendar year (MBS item 10987) from a practice nurse or registered Aboriginal Health Worker (AHW), on behalf of the GP.

Patients with both a GPMP (MBS item 721) and TCA (MBS item 723) for a chronic condition can be referred to eligible allied health professionals (including AHWs) for up to five services per calendar year (MBS items 10950-10970). Alternatively, registered AHWs or practice nurses can provide five follow-up services per year for patients with either a GPMP or TCA (MBS item 10997).

Eye health

Aboriginal and/or Torres Strait Islander Australians have a greater chance of eye disease, with common eye health problems including Refractive Error, Cataracts, Diabetic Retinopathy and Trachoma.

As part of conducting the Aboriginal and/or Torres Strait Islander health check (MBS item 715), GPs should examine the patient's vision, and ensure that all patients with diabetes have an annual retinal examination. It is also recommended to check for Trachoma and conduct a Trichiasis check for patients who have grown up in remote communities or have a history of 'sore or watery eye'.

It is important that if indicated, GPs refer the patient to appropriate follow-up services.

PBS Co-payment Measure

The PBS Co-payment Measure promotes greater access to PBS medicines by reducing the co-payment for eligible Aboriginal and/or Torres Strait Islander patients and was implemented on 1 July 2010.

Practices must receive patient consent to register their eligible patients for this measure and annotate PBS prescriptions.

Practices should note that patients registered only for the PBS Co-payment Measure won't attract a patient registration payment.

For more information on this measure, including patient eligibility requirements and how to annotate prescriptions, see **Attachment A**.

Applying

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

- through Health Professional Online Services (HPOS) at **humanservices.gov.au/HPOS**, or
- by completing the *PIP application* form available at **humanservices.gov.au/healthprofessionals** then **Incentives and Allowances > Practice Incentives Programs > Forms and guidelines**, and sending it with the required supporting documentation to:

Mail: **Incentive Programs
Department of Human Services
GPO Box 2572
ADELAIDE SA 5001**

Fax: **1300 587 696**

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

- through HPOS, or
- by completing the *Indigenous Health Incentive application* form at **humanservices.gov.au/healthprofessionals** then **Incentives and Allowances > Practice Incentives Programs > Forms and guidelines**.

Patient registration and re-registration

Register patients

Practices must apply for the PIP Indigenous Health Incentive before patients can be registered. Any *Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent* form dated before the practice has registered will not be processed by Human Services.

To be compliant with privacy legislation for the use and disclosure of personal information, the patient must complete the patient consent section of the *Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent* form available at **humanservices.gov.au/healthprofessionals** then **Incentives and Allowances > Practice Incentives Program > Forms and guidelines**.

Practices should give patients a copy of the patient information sheet available at humanservices.gov.au/healthprofessionals then **Incentives and Allowances > Practice Incentives Program > Forms and guidelines**, and verbally explain the Indigenous Health Incentive and the PBS Co-payment Measure. The GP needs to be sure the patient understands the incentive before asking them if they want to register.

Practices can register their patients in the following ways:

- online through HPOS, at humanservices.gov.au/HPOS

You will need to logon using your Medicare Public Key Infrastructure (PKI) certificate. More information about PKI certificates is available at humanservices.gov.au/healthprofessionals then **For new software vendors > Public Key Infrastructure**.

Practices that register their patients using HPOS, aren't required to send or fax Human Services the *Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent* form. Patient consent must still be obtained from the patient using the patient consent section of the form. Practices must keep the form on file for audit purposes.

- complete the *Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent* form at humanservices.gov.au/healthprofessionals then **Incentives and Allowances > Practice Incentives Program > Forms and guidelines**.

Practices that choose to register their patients manually must send or fax the *Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent* form to Human Services to receive patient registration payments. Incomplete *Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent* forms won't be processed and will be returned to the practice.

Patients can withdraw their consent at any time by completing the *Indigenous Health Incentive and PBS Co-payment Measure patient withdrawal of consent* form at humanservices.gov.au/healthprofessionals then **Incentives and Allowances > Practice Incentives Program > Forms and guidelines**. Practices must send or fax this form on behalf of the patient to Human Services for processing.

Re-register patients

At the end of each year, practices need to re-register their patients for the following calendar year. Practices can re-register their patients online through HPOS or by completing a new *Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent* form. As part of the re-registration process patients must complete the patient consent section of the form.

If registering a patient for the first time in November or December, the patient will automatically be registered for the current and following calendar year. Practices can begin registering their patients for the following calendar year from 1 November.

If a registered patient changes practices, the new practice must wait until the next calendar year before they can claim a patient registration payment.

Note: when re-registering patients using PIP Online via HPOS, practices don't need to send or fax the *Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent* form to Human Services. Patient consent must still be obtained from the patient using the patient consent section of the form. Practices must keep the form on file for audit purposes.

The IHI re-registration process does not apply to patients *at risk* of a chronic disease and who are already registered for the PBS Co-payment Measure only. The PBS Co-payment Measure is a once only registration. If a patient develops a chronic disease then the patient may be registered for IHI.

Obligations of the practice

The practice must:

- keep all *Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent* forms at the practice if patients have been registered online through HPOS, or
- send or fax all *Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent* forms to Human Services for patients to be registered manually
- prove its claims for payment by being able to provide:
 - proof that a system is in place to make sure their Aboriginal and/or Torres Strait Islander patients, aged 15 years and over, with a chronic disease are followed up
 - proof of completing appropriate cultural awareness training, and
 - records of patient consent
- give information to Human Services as part of the ongoing audit process to verify that the practice has met eligibility requirements
- make sure the information given to Human Services is correct, and
- advise Human Services of any changes to practice arrangements. This can be done:
 - online via HPOS. Changes via HPOS are immediate and can be made up to, and on, the relevant point-in-time date
 - by completing the *PIP Change of Practice Details* form, or by advising us in writing by no later than 7 days before the relevant point-in-time date.

Refer to the PIP guidelines for more information available at humanservices.gov.au/healthprofessionals then **Incentives and Allowances > Practice Incentives Program > Forms and guidelines**.

The point-in-time date corresponds to the last day of the month before the next PIP quarterly payment (refer to **Table 3**).

On joining the PIP, the practice must nominate an authorised contact person(s), who will confirm, on the practice's behalf, any changes to information for PIP claims and payments.

Appeals process

The PIP has an established appeals process. To ask for a review of a decision, the authorised contact persons or the owners of the practice must write to Human Services within 28 calendar days of the date of the letter informing the practice of the decision they would like reviewed. Human Services will review the decision and advise the practice in writing of the outcome.

More information

Online humanservices.gov.au/healthprofessionals then **Incentives and Allowances > Practice Incentives Program**

Email pip@humanservices.gov.au

Call **1800 222 032**** 8.30am to 5.00pm Monday to Friday Australian Central Standard Time.

*Call charges apply

**Call charges apply from mobile and pay phones only

Disclaimer

These guidelines are for information purposes and provide the basis upon which PIP payments are made. While it is intended that the Australian Government will make payments as set out in these guidelines, the making of payments is at its sole discretion. The Australian Government may alter arrangements for the Practice Incentives Program at any time and without notice.

The Australian Government does not accept any legal liability or responsibility for any injury, loss or damage incurred by the use of, reliance on, or interpretation of the information provided in these guidelines.

Attachment A—Pharmaceutical Benefits Scheme Co-payment Measure

The Pharmaceutical Benefits Scheme (PBS) Co-payment Measure aims to help Aboriginal and/or Torres Strait Islander patients access PBS medicines by reducing cost barriers.

Co-payment relief is targeted to patients with chronic disease or chronic disease risk factors.

Eligibility

The PBS Co-payment Measure aims to help Aboriginal and/or Torres Strait Islander patients of any age who:

- have an existing chronic disease or chronic disease risk factor, and
- in the opinion of the doctor:
 - would experience setbacks in the prevention or ongoing management of chronic disease, if they didn't take the prescribed medicine, and
 - are unlikely to follow their medicines routine without help through the measure.

Registration

Practices can register eligible patients for the PBS Co-payment Measure using the same *Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent* form as for the PIP Indigenous Health Incentive.

Once a patient has been registered for the PBS Co-payment Measure, they don't need to be re-registered. Patients remain registered unless they choose to withdraw from the measure by completing an *Indigenous Health Incentive and PBS Co-payment Measure patient withdrawal of consent* form available at humanservices.gov.au/healthprofessionals then **Incentives and Allowances > Practice Incentives Program > Forms and guidelines**. Practices must send or fax this form on behalf of the patient to Human Services for processing.

Registration for the PIP Indigenous Health Incentive and the PBS Co-payment Measure are independent of each other. A patient can choose to participate in the PBS Co-payment Measure and choose not to participate in the PIP Indigenous Health Incentive, or vice versa.

PBS Co-payment Measure

The measure offers PBS Co-payment relief to eligible patients. PBS medicines used to prevent and treat both acute and chronic conditions will attract co-payment relief. Patients holding a concession card will get their PBS medicines without paying a co-payment to the pharmacy. Non-concession patients will pay the current concession rate. Premiums for a small number of medicines will still need to be paid by the patient.

As with the PIP Indigenous Health Incentive, participating practices must maintain patient records. This includes keeping copies of signed patient consent and patient registrations on file at the practice.

Practices can update their prescription writing software to a version supporting Closing the Gap (CTG) annotation of PBS prescriptions. GPs will be able to annotate PBS prescriptions with the CTG flag by activating a check box on the patient information screen in their prescription writing software.

The annotation is a CTG flag which needs to appear on each prescription. The annotation feature will be included in updates of prescription writing software. If practices don't have the updated version of this software or don't use this software, the GP can handwrite the annotation on the prescriptions. All that needs to be written is "CTG" and the GP's signature or initials.

Practices are able to notify administration staff when a patient participating in the PBS Co-payment Measure turns 15 years old and may be eligible to participate in the PIP Indigenous Health Incentive.

More information

Online health.gov.au/tackling-chronic-disease

Call **1800 222 032**** 8.30am to 5.00pm Monday to Friday Australian Central Standard Time (call charges may apply).

Your Division of General Practice and State NACCHO affiliate will also be able to help with further questions.