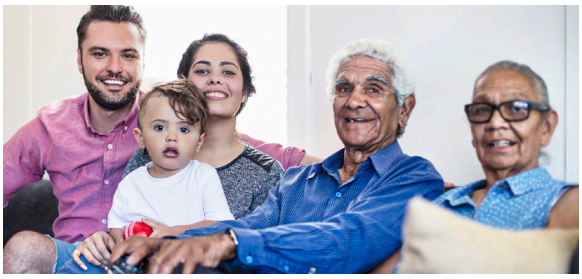
# CLOSING THE GAP

Improving health outcomes for Aboriginal and Torres Strait Islander people

## Do you have Aboriginal and Torres Strait Islander patients?

### 1. Ask the Question



**Are you of Aboriginal or Torres Strait Islander Origin?**

- ☐ No
- ☐ Yes, Aboriginal
- ☐ Yes, Torres Strait Islander
- ☐ Yes, both Aboriginal and Torres Strait Islander

Self-identification is voluntary. Practices need to ensure patients can make an informed choice about their decision to self-identify. Refer to RACGP 'Identification of Aboriginal and Torres Strait Islander people in Australian general practice'.

### 2. If yes, register your practice for the Practice Incentive Program Indigenous Health Incentive (PIP IHI)

**A one-off sign-on payment of $1,000** is made to practices that register for the PIP IHI. To sign-on for the PIP Indigenous Health Incentive practices need to:

- ☐ be eligible to participate in the Practice Incentives Program
- ☐ agree to receive consent to register 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
- ☐ 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 by staff actively seeking out patients to ensure they return for ongoing care.
- ☐ complete cultural awareness training within 12 months of joining the incentive, unless the practice is exempt
- ☐ agree to annotate PBS prescriptions for Aboriginal and/or Torres Strait Islander patients participating in the PBS Co-payment Measure.

**Further information:** humanservices.gov.au/pip **Email:** pip@humanservices.gov.au **Call:** 1800 222 032 8.30am – 5pm Monday to Friday

### 3. Offer an Aboriginal and Torres Strait Islander Health Assessment MBS item 715

**Health Assessment 715**

1 × per calendar year (minimum interval 9 months)

Child (0-14 years) Adult (15-54 years) Older person (55+ years)

**Fee:** $215.65 **Benefit:** 100% = $215.65

**If at risk of or has existing Chronic Disease**
complete the PBS Co-payment Measure patient registration and consent form and submit to Department of Human Services

**Need for follow-up on behalf of GP identified**

Follow-up provided by Practice Nurses, Aboriginal and Torres Strait Islander health practitioners under supervision of the GP Aboriginal and Torres Strait Islander patient specific

**10987**

Up to 10 per calendar year
(claimed by the **GP**)

**Fee:** $24.40 **Benefit:** 100% = $24.40

**Need for allied health follow-up identified**

GP refers patient using referral form for each type of service Aboriginal and Torres Strait Islander patient specific

**81300 – 81360**

Up to 5 per calendar year
(claimed by **allied health provider**)

**Fee:** $63.25 **Benefit:** 85% = $53.80

**Patient eligibility for PBS Co-payment Measure check:**

https://www.humanservices.gov.au/organisations/health-professionals/services/medicare/closing-gap-pbs-co-payment-measure

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Original Artwork by Joy Cross. 'Rounding the family up to go to the doctors, but the eldest son doesn't want to go'.

# Aboriginal and Torres Strait Islander Chronic Disease Management

## 4. If the patient has a chronic disease, register the patient for PIP IHI with your practice

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

- ☐ is a 'usual' patient of the practice
- ☐ is aged 15 years and over
- ☐ has a chronic disease (as defined by the MBS) managed through the practice?
- ☐ has had, or been offered, a health check for Aboriginal and/or Torres Strait Islanders, MBS item 715
- ☐ has a current Medicare card; and
- ☐ has provided informed consent to be registered for PIP IHI by completing the patient consent part of the PIP IHI and PBS Co-payment Measure patient registration and consent form, and the form has been sent to Department of Human Services, or
- ☐ completed the patient registration online via Health Professional Online Services (HPOS), each calendar year.

**Additional outcomes payments of up to $250** per eligible patient per calendar year are available to practices that provide target and/or majority levels of care for registered patients (based on MBS items claimed). Rural loadings also apply to payments made under the PIP IHI. Further information https://www.humanservices.gov.au/organisations/health-professionals/services/medicare/practice-incentives-program/guidelines/pip-indigenous-health-incentive

**GPMP 721**
1 × per year*
**Fee:** = $146.55
**Benefit:** 75% = $109.95
100% = $146.55

+/-

**TCA 723**
1 × per year*
**Fee:** = $116.15
**Benefit:** 75% = $87.15
100% = $116.15

**Review GPMP and/or TCA 732**
Every 3-6 months*
**Fee:** = $73.20
**Benefit:** 75% = $54.90
100% = $73.20

*May be provided more often in exceptional circumstances. Cannot be claimed with a general consultation item on the same day.

**Need for follow-up on behalf of GP identified**
Ongoing support and monitoring of chronic disease provided by Practice Nurses or Aboriginal and Torres Strait Islander health practitioners, consistent with the scope of the GPMP or TCA and under GP supervision
**10997**
Up to 5 per calendar year
(claimed by the **GP**)
**Fee:** $12.20 **Benefit:** 100% = $12.20

**Need for allied health follow-up identified**
GP refers patient using referral form for each type of service. Patient must have a GPMP and TCA
**10950 to 10970**
Up to 5 per calendar year
(claimed by **allied health provider**)
**Fee:** $63.25 **Benefit:** 85% = $53.80

**Additional group allied health services**
for patients with Type 2 Diabetes and a GPMP
**81100 to 81125**
Up to 8 group services plus 1 assessment service per calendar year
(claimed by **allied health provider**)
**Fee:** $81.15 **Benefit:** 85% = $69.00

Follow up items 10997, 10950 to 10970 and 81100 - 81125 are not Aboriginal and Torres Strait Islander patient specific but can be offered **IN ADDITION** to follow up items available after a 715. Always check http://www.mbsonline.gov.au for comprehensive information relevant to claiming all Medicare items listed above.

## 5. Does the patient have chronic condition/s that require multidisciplinary care? If yes, consider referring to the Integrated Team Care (ITC) Program

The ITC Program provides care coordination and supplementary services for eligible patients. The Care Coordinator will work with the patient according to the needs identified in their care plan and can help to arrange and fund appointments with medical specialists and allied health services, transport to attend appointments and acquisition of medical aids relevant to the patient's chronic condition/s.

**For further information about this program and to access referral forms visit**
https://www.gph.org.au/our-health-services/chronic-disease-management

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Information correct as at February 2020

Original Artwork by Joy Cross. 'Rounding the family up to go to the doctors, but the eldest son doesn't want to go'.