



**Australian Government**  
**Department of Health and Ageing**

**PRACTICE INCENTIVES PROGRAM (PIP)**



# Outline

- Overview of the PIP
- Requirements of each incentive
- General Practice Immunisation Incentives Scheme (GPPII)
- Where to get further information/help
- Questions



# Practice Incentives Program (PIP)

- PIP provides a range of incentives that aim to encourage general practices to improve the quality of care provided to patients.



# Eligibility Criteria

- A practice must be accredited or registered for accreditation against the *RACGP Standards for general practices*
- A practice must hold public liability insurance
- All medical practitioners at the practice must have current professional indemnity cover.



# PIP Incentives

Payments are currently made through the PIP:

- for better use of information management and technology (IM/IT)
- to ensure patients have access to after hours care
- to support rural practices
- to encourage rural practices to provide procedural services
- to support practices to employ practice nurses
- to encourage practices to provide teaching sessions for medical students
- for participating in educational activities to improve prescribing behaviour
- to encourage cervical screening
- to ensure appropriate treatment of asthma and diabetes



# PIP Information Management/Information Technology (IM/IT) Incentive

## Tier 1 - Basic

- the practice must have electronic health records including allergies/sensitivities for the majority of active patients
- the practice must have appropriate information security measures

## Tier 2 - Enhanced

- the practice must meet Tier 1
- the practice must have electronic health records including current and past major diagnoses and current medications for the majority of active patients





# PIP After-Hours Incentive

- **Tier 1** – the practice must have formal arrangements for their patients to have access to 24 hour care
- **Tier 2** – the practice must qualify for Tier 1 and on average provides 15 hours of after hours cover per week for practice patients (10 hours for smaller practices)
- **Tier 3** – the practice GPs must provide 24 hour seven days a week cover to practice patients



# PIP Teaching Incentive

- Aims to encourage practices to host undergraduate medical students in order to provide actual experience of general practice
- Practices can access \$100 for hosting a 3 hour session with an undergraduate medical student



# PIP Quality Prescribing Incentive

- Aims to encourage general practice to keep up to date with the quality use and prescribing of medicines
- The practice must participate in three educational activities recognised by the National Prescribing Service (NPS) per full time GP per year, one of which must be a clinical audit
- Educational activities include:
  - clinical audit
  - case studies using distance learning
  - educational practice visits





# PIP rural loading



- Provides support to practices in rural and remote areas
- a 15% to 50% loading is applied to total practice payments, excluding Service Incentive Payments (SIPs)



# PIP Diabetes Incentive

- Aims to encourage general practice to provide earlier diagnosis and effective management of people with established diabetes





# PIP Diabetes Incentive

- 3 components:
  - Sign-on payment
    - one off payment to practices that join the incentive and undertake to use a patient register and a recall/reminder system for patients with diabetes
  - Outcomes payment
    - for practices where at least 2% of practice patients are diagnosed with diabetes and the practice has completed a cycle of care for 20% or more of patients with diabetes
  - Service Incentive Payment (SIP) to GP
    - for each completed a cycle of care for a patient with diabetes



# Diabetes cycle of care

- GP must complete the following requirements to be eligible for a SIP:

<b>ACTIVITY</b>	<b>FREQUENCY/DESCRIPTION</b> (annual cycle, which can be completed in 11–13 months)
Assess diabetes control by measuring HbA1c	At least once every cycle
Ensure that a comprehensive eye examination is carried out	At least once every cycle
Measure weight and height and calculate BMI	At least twice every cycle
Measure blood pressure	At least twice every cycle
Examine feet	At least twice every cycle
Measure total cholesterol, triglycerides and HDL cholesterol	At least once every cycle
Test for microalbuminuria	At least once every cycle
Provide self-care education	Patient education regarding diabetes management
Review diet	Reinforce information about appropriate diet choices
Review levels of physical activity	Reinforce information about appropriate levels of physical activity
Check smoking status	Encourage cessation of smoking (if relevant)
Review of medication	Medication review



# PIP Asthma Incentive

- Aims to encourage general practice to provide best practice clinical care of people with moderate to severe asthma





# PIP Asthma Incentive

- 2 components:
  - Sign-on payment
    - one off payment to practices that join the incentive
  - Service Incentive Payment (SIP) to the GP
    - for each completed Asthma Cycle of Care



# Asthma Cycle of Care

GPs must complete the following requirements to be eligible for a SIP:

- at least 2 asthma related consultations within 12 months for a patient with moderate to severe asthma (the review consultation must be a planned consultation)
- documented diagnosis and assessment of 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 action plan
- provision of asthma self-management education to the patient
- review of the written or documented asthma action plan



# PIP Cervical Screening Incentive

- Aims to encourage GPs to increase the rates of cervical screening in general practice



# PIP Cervical Screening Incentive

- 3 components:
  - Sign-on payment
    - for practices that join the incentive and provide practice details to the state/territory cervical screening registers
  - Outcomes payment
    - practice must screen at least 50% of the practices' female patients between the ages of 20 and 69
  - Service Incentive Payment to the GP
    - for each cervical smear taken on a woman between 20 and 69 years who has not had a cervical smear in the last 4 years



# PIP Practice Nurse Incentives

- PIP Rural Practice Nurse Incentive
  - provides support to practices in rural and remote areas to employ a practice nurse and/or Aboriginal health worker
- PIP Urban Practice Nurse Incentive
  - provides support to practices in urban areas of workforce shortage to employ a practice nurse and/or allied health worker and/or Aboriginal health worker
- the incentives support all Aboriginal and Torres Strait Islander Primary Health Care Services to employ an Aboriginal health worker, regardless of location





# PIP Procedural GP Payment

Aims to encourage practices in rural and remote areas to provide local access to surgical, anaesthetic and obstetric procedural services

- Tier 1
  - GP must provide any service that meets the definition of a procedural GP
- Tier 2
  - GP must meet Tier 1 and provide after-hours procedural services on a regular or rostered basis (15 hours/week)
- Tier 3
  - GP must meet Tier 2 and provide 50 or more surgical/anaesthetic/obstetric services per year
- Tier 4
  - GP must meet Tier 2 and deliver 20 or more babies a year or meet the obstetric needs of the community





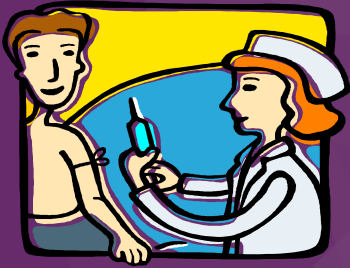
# PIP payments



- Practices can qualify for any or all payments
- Payments are generally made quarterly by Medicare Australia
- Most PIP payments are based on practice size as measured by Medicare and Department of Veteran Affairs billing



# General Practice Immunisation Incentives (GPPI) Scheme



- Aims to encourage practices to fully immunise 90% of children under seven years of age attending their practices
- Provides financial incentives to practices and GPs to monitor, promote and provide appropriate immunisation services to children under the age of seven years



# GPII Scheme



- Service Incentive Payment to GP
  - \$18.50 to GPs who notify the Australian Childhood Immunisation Register (ACIR) of a vaccination that completes an immunisation schedule according to the National Immunisation Program ([www.immunise.health.gov.au](http://www.immunise.health.gov.au))
- Outcomes payment to practice
  - Achieve 90% or greater immunisation coverage of children under seven years of age attending their practices (\$14 per WPE per year)



# Further Information Sources

- PIP enquiry line 1800 222 032
- GP11 Scheme enquiry line 1800 246 101
- [www.medicareaustralia.com.au/providers/](http://www.medicareaustralia.com.au/providers/)
- Statistical information on the Medicare Australia web site
- Quarterly payments and statements from Medicare Australia
- Quarterly PIP 'News Update'





# Questions



# Standardised Whole Patient Equivalent (SWPE)



Whole patient

Practice A  
10 x Standard Consult  
= \$400

Practice B  
10 x Long Consult  
= \$600

Whole Patient Equivalent (WPE)

$$\frac{\$ 400}{\$1,000} = 0.4$$

$$\frac{\$ 600}{\$1,000} = 0.6$$

WPE x Weighting for age and gender becomes the  
Standardised Whole Patient Equivalent



# SWPE Weighting Values

## Weighting Factors for Age and Gender of Patients

Gender	Patient age (years)							
	<1	1-4	5-14	15-24	25-44	45-64	65-74	75+
Female	0.7150	0.8758	0.5218	0.8162	0.9272	1.1373	1.6227	2.4884
Male	0.7716	0.9392	0.5222	0.5463	0.6768	0.9282	1.4624	2.3641

Note: This is an example only. Weights are dependent on overall Medicare and Department of Veteran Affairs data and are updated quarterly