Redesigning the Practice Incentives Program (PIP)

Frequently Asked Questions

Question 1 What will the new PIP Quality Improvement (QI) Incentive look like? How will the consolidation of the seven incentives work?

The new PIP QI Incentive will combine multiple incentives into a single QI Incentive. The redesign will give practices increased flexibility to address:

- aspects of care that are important to them, and
- the needs of the particular practice population, including vulnerable and high risk groups.

The PIP QI Incentive will support practices to use information to drive quality and encourage patient centred care.

Question 2 How will the new PIP Incentive payment work?

Practices will be paid for focusing on quality. The quality will be determined by the information (i.e. data) about the care that has been provided. With time, practices will be paid for demonstrating data driven quality improvement.

The timing for the payments is yet to be determined.

Question 3 Will Standard Whole Patient Equivalent (SWPE) values remain? How will payments be calculated?

No decisions on the exact method of calculating the payments have been made. Financial modelling is currently being undertaken to ensure practices are not disadvantaged.

Question 4 Do the changes include Service Incentive Payments (SIPs)?

The final design for the PIP QI Incentive has not been decided. However, it is possible that some of the SIPs may be rolled into the PIP QI Incentive. This aligns with the overall direction of the PIP to make payments to practices rather than individual clinicians.

Question 5 Is this simply a savings exercise to reduce funding?

This is an opt-in, demand driven program. Therefore, the exact outcome for each practice may differ and will be dependent on the model that the government chooses to implement and the practice's participation.

A new PIP QI Incentive payment will simplify payments and reduce red tape for practices. Payments will support achievement of high quality health care and improved patient outcomes.

Question 6 Exactly what data will general practices have to provide?

A redesigned PIP will encourage general practices to provide de-identified data from their practice software systems. The specific measures of quality are yet to be determined. National Key Performance Indicators (KPIs) are yet to be developed.

This data may be used to inform regional planning and health policy development at a national level. Importantly, there will be a feedback loop to provide practices with timely information about the improvements in care, with the opportunity to benchmark and progress their own quality improvement.

Question 7 Who will the data be provided to and how can you make sure the data provided is safe?

Arrangements for both a data portal and data custodian are yet to be decided. It may be an organisation such as the Australian Institute of Health and Welfare (AIHW) or similar, or at the regional level it may be Primary Health Networks (PHNs).

Great care will be taken to ensure there is agreement around de-identification, privacy and access to the data.

Question 8 How often will the data need to be provided?

This will be decided following feedback from the consultation process. From a practice view point there will need to be feedback often enough to assist the quality improvement cycle. It is recognised that if frequent data provision is required it will need to be automated to reduce administrative burden on practices.

Question 9 Will there be a single software vendor for practices to use to extract and provide the data?

In our market driven environment it would be expected that a number of software providers would be able to meet the requirements. The standardisation of outputs may be preferred to specifying a particular data extraction tool.

Question 10 What will be the role of the PHNs in this change?

The redesigned PIP will provide an ideal opportunity to further encourage collaborative efforts among clinicians, between practices, within regions and on a national scale to improve health delivery and outcomes.

PHNs have a key role in regional planning and many already have strong relationships with general practices in their region around the use of data and quality improvement.

Question 11 Will practices still need to be accredited to participate? How will this fit with the RACGP standards?

Yes, practices will need to be accredited to participate.

The Royal Australian College of General Practitioners (RACGP) *Standards for general practices* are the standards against which general practices are currently assessed to achieve accreditation. The RACGP is reviewing these standards and a new version is expected to be released in late 2017.

Question 12 Will general practices' incomes be affected by this change?

The PIP payments a practice receives will vary depending on factors such as a practice's location and the services they offer. General practices vary considerably in the extent to which they participate in PIP so exactly how this will change for each practice may differ.

Question 13 The income generated by PIP often allows a general practice to employ a nurse or a diabetes educator. Will the redesign change these arrangements?

The Practice Nurse Incentive Programme (PNIP) which provides incentive payments to practices to support an expanded role for nurses working in general practice is not included as part of the PIP redesign.

Question 14 Will this change the Practice Nurse Incentive Program (PNIP) or the Mental Health Nurse Incentive Program (MHNIP)?

No, neither of these programs is being considered in the PIP redesign. The MHNIP is going through changes associated with the mental health funding, which is separate to this process.

Question 15 Why should general practices participate in the new PIP QI Incentive?

A redesigned PIP has the potential to better support clinicians in their provision of high quality patient centred care. Combining multiple incentives into a single QI incentive will:

- give practices increased flexibility to address aspects of care that are important to them and the needs of their practice population;
- reduce the administrative burden on practices; and
- make it easier for practices and clinicians to take part in clinical audits. This aligns with the ongoing professional development and registration standards for health professionals articulated by the Australian Health Practitioner Regulation Agency (AHPRA).

Question 16 How can you make sure that the PIP payments won't be delayed?

The affected incentives have a variety of payment times and we are working with Department of Human Services (DHS) to ensure the implementation of the redesign will have a smooth transition process.

Question 17 How will you make sure that specific chronic diseases like diabetes continue to be addressed?

It is anticipated that practices will use data to inform targeted quality improvement activities for their patient population.

A small number of priority areas will be established by government, similar to the national Key Performance Indicators for Aboriginal and Torres Strait Islander health care. The Government has also announced its intent to develop a Primary Healthcare Minimum Data Set which will be used for quality improvement, policy, research, and population health monitoring.

Question 18 What about practices in rural areas?

The Rural Loading Incentive will remain unchanged. The challenges general practices face providing care in rural and remote areas are well recognised.

Question 19 Will this change mean practices will lose the PBS co-payment for Aboriginal and Torres Strait Islander people?

A key matter to be considered is how the PBS co-payment measure that is linked to the current Indigenous Health Incentive will be managed so that Aboriginal and Torres Strait Islander people will not be disadvantaged.

Question 20 Will you be making changes to the incentives that are retained?

There is no intention to change the following four incentive payments:

- Rural Loading Incentive
- After Hours Incentive
- Teaching Payment
- the eHealth Incentive

Question 21 When will this be implemented?

An implementation date has not been decided. Only after the government has made a decision on the preferred way forward, will work to implement the change begin. Initial changes are anticipated for early 2017; however it may take some time to roll out fully.

Question 22 Will there be any additional payments to assist practices update IT systems and provide education for staff to comply with the changes?

No additional payments have been planned.

Question 23 Will there be any credit for high performing practices already participating in quality improvement initiatives and who have improved their data quality and patient care?

Many general practices already participate in quality improvement activities, by virtue of being accredited. For these practices the simplified administration process will mean payments will continue for work that is already happening.

For other practices, there may be some work to do, either starting in-house quality improvement activities, or by accessing a range of established continuous improvement programs.

This change for many practices is a continuation of what they're doing. The proposed change is a logical move to improvement based around data.

Question 24 Will this be extended to specialist's practices as well?

There are no plans to include specialist's practices.