Session 1: The nuts and bolts of MBS and PIP income streams for general practice

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Overview

- Practice Incentive Payment Scheme (PIP)
  - Formula
  - Service incentive and outcome payments
- MBS items
  - Enhanced Primary Care
  - Home Medications Review
  - Practice nurse as provider

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General Practice Financing

- Medicare rebates
- Standard consultation items (time based)
- Item numbers for EPC, HMR, triggers for SIPs
- Procedural items eg spirometry
- Practice Incentive Payments (PIP)
- Payments for practices for activities that contribute to quality care

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PIP - The basic principles

- Need to be accredited as a general practice
- Range of initiatives
- Based on care provided to a practice population
- Practice population calculated using Whole Patient Equivalents and Standardised Whole Patient Equivalent

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Whole Patient Equivalents

- 1 person to 1 doctor in 1 year = 1 Whole Patient Equivalent (WPE)
- 1 person to 2 doctors in 1 year (1 visit each of level B) = 0.5 WPE per practice
- 1 person to 2 doctors in 1 year (1 level B visit to 1 doctor, 2 level B visits to other doctor) = 0.33 WPE for Practice A, 0.66 WPE for Practice B
- Plus loadings for length of consult as judged by schedule fee
- Usual WPE per doctor is 1000

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Standardised WPE (SWPE)

- The WPE is then multiplied by a weighting factor that varies according to the patient's age and sex = Standardised Whole Patient Equivalent (SWPE)

Sex	<1 years	1-4 years	5-14 years	15-24 years	25-44 years	45-64 years	65-74 years	75+ years
Female	0.611	0.985	0.575	0.863	0.972	1.157	1.602	2.291
Male	0.656	1.058	0.570	0.585	0.704	0.937	1.454	2.160

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PIPs, SIPs & SOPs

- Practice Incentive Payments (PIPs)
- Service Incentive Payments (SIPs)
- Service Outcomes Payments (SOPs)

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Practice Incentive Payments (PIP)

- Rewards aspects of general practice that contribute to quality care
- Blended payment approach for general practice
- Aims to address limitations of 'fee for service' which can reward high throughput

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Practice Incentive Payments (PIP)

- IM/IT
- After hours
- Teaching of medical students;
- Participation in National Prescribing Service (NPS) quality use of medicines program
- Rurality
- Practice Nurses subsidy

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Service incentive payment (SIPS)

- Rewards provision of a particular service
  - Immunisation service which completes milestone,
  - Completion of Annual Cycle of Care for diabetes,
  - Asthma 3+ Plan
  - Completion of 3 step mental health process
  - Cervical screen for overdue women
- Triggered by either a Immu-2 form for immunisation or specific MBS items for others

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Service outcomes payment (SOPS)

- Rewards achievement of certain outcomes across the population of patients
  - 90% of Children 0-7 fully immunised
  - 70% of women screened in last 2 years
  - 20% patients with an HbA1c in the last 2 years with annual cycle of care completed

- Paid an amount per WPE or SWPE e.g. $3.50 per SWPE for immunisation

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What have we learnt

- What is a WPE?
- What is a SWPE?
- What does a SIP reward?
- What is a SOP reward?

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Case studies

- Practice has 4 FTE GPs. What is their likely WPE?
- The practice thinks it has approx 40 diabetics. HIC statement says their SWPE of diabetics is 80. What is the explanation?
- The practice SWPE of children 0-7 is 100. Their coverage rate is 87%. How many children do they need to immunise or correct data to achieve 90%?

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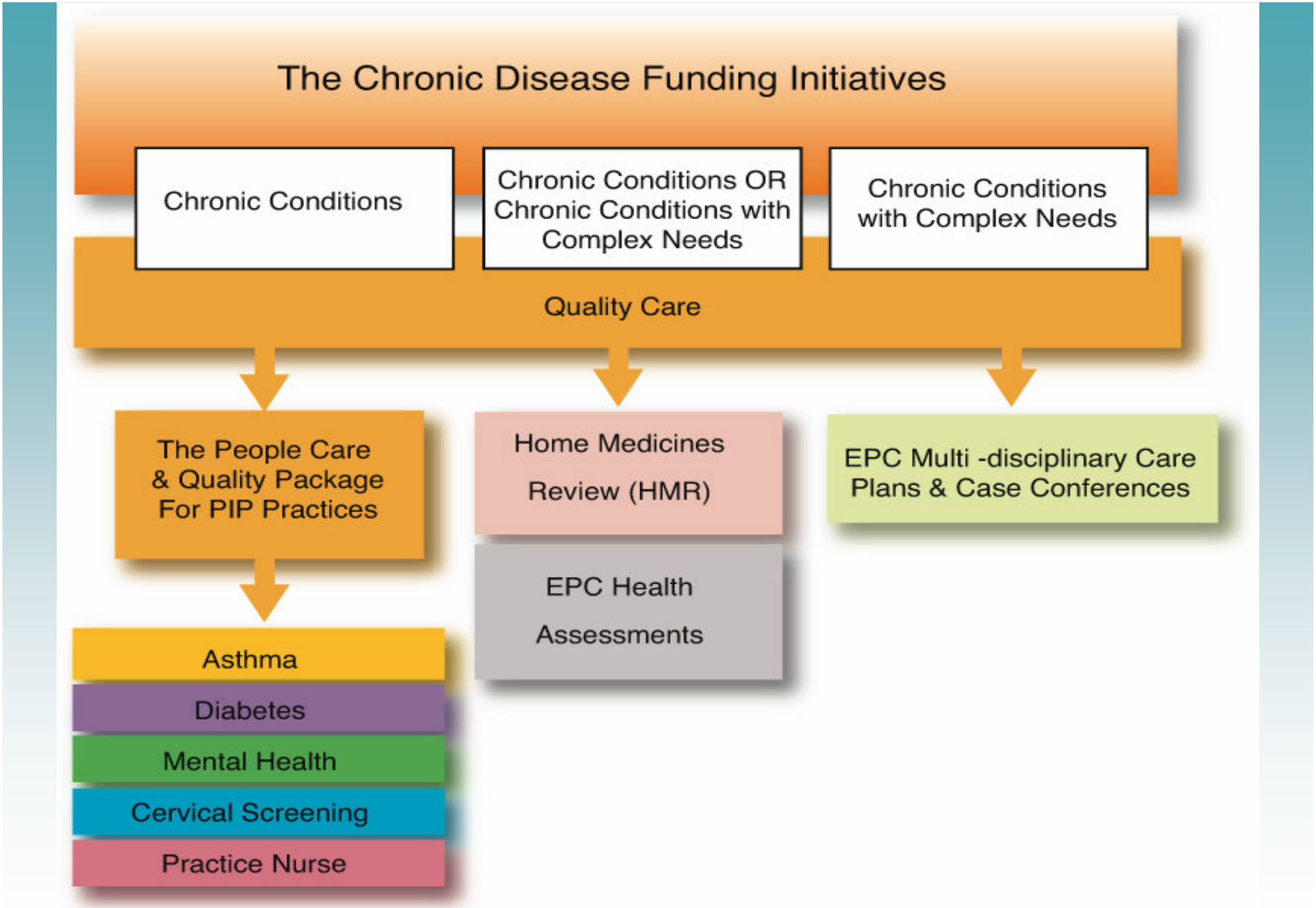
The Chronic Disease Funding Initiatives
Chronic Conditions
Chronic Conditions OR Chronic Conditions with Complex Needs
Chronic Conditions with Complex Needs
Quality Care
The People Care & Quality Package For PIP Practices
Home Medicines Review (HMR)
EPC Multi -disciplinary Care Plans & Case Conferences
EPC Health Assessments
Asthma
Diabetes
Mental Health
Cervical Screening
Practice Nurse

Cervical Screening

Women 'at risk' receive cervical screen to enable early intervention where required

3 main components

- sign on ($0.25/SWPE)
- service incentive payment (SIP)
- service outcome payment (SOP)

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Cervical Screening

Service Incentive payment = women 20-69 years who have not had a cervical smear within the last 4 years

Payment = $35 per patient

Service Outcomes payment = women 20-69 years screened in last 24 months

Payment = $2 per female WPE

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Asthma 3+ Visit

- Patients with moderate to severe asthma receive quality management to avoid acute exacerbation of the condition
- Sign on Component ($0.25/SWPE)
- Service Incentive Payment
  - Completion of 3+ Visits Plan
  - Payment = $100 per patient

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Diabetes Annual Cycle of Care

- All patients with established diabetes receive minimum national standards of diabetic care to prevent complications
- 3 main components
  - Sign on- register/recall system ($1.00/SWPE)
  - Service incentive payment (SIP)
  - Service outcomes payment (SOP)

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Diabetes Annual Cycle of Care

- Service incentive payment for completion of annual cycle of care
  - HbA1c test, lipids, micro albuminuria, weight, BMI, BP. Foot check, diet review, eye check, self care, physical activity, smoking status and medication review
- Payment = $40 per patient

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Diabetes Annual Cycle of Care

- Service outcomes payment = 20% patients with an HbA1c in the last 2 years with annual cycle of care completed

- Payment = $20 per eligible SWPE

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Mental Health

- Patients with a mental health disorder receive an assessment, MH plan and review from a trained GP.
- Main components
  - sign on=$150 per GP
  - service incentive payment (SIP = $150),
  - '3 step' MH process

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Practice Nurses (PNs) and Aboriginal Health Workers (AHWs)

- Subsidies for practices in areas of high workforce need to employ a PN or AHW. The PN or AHW supports and complements the GPs as part of the general practice team
- All AMS' and PIP-registered practices in RRMA 3-7, designated areas of workforce shortage
  - ~ $8 per SWPE
  - ~ 65% of eligible practices are participating

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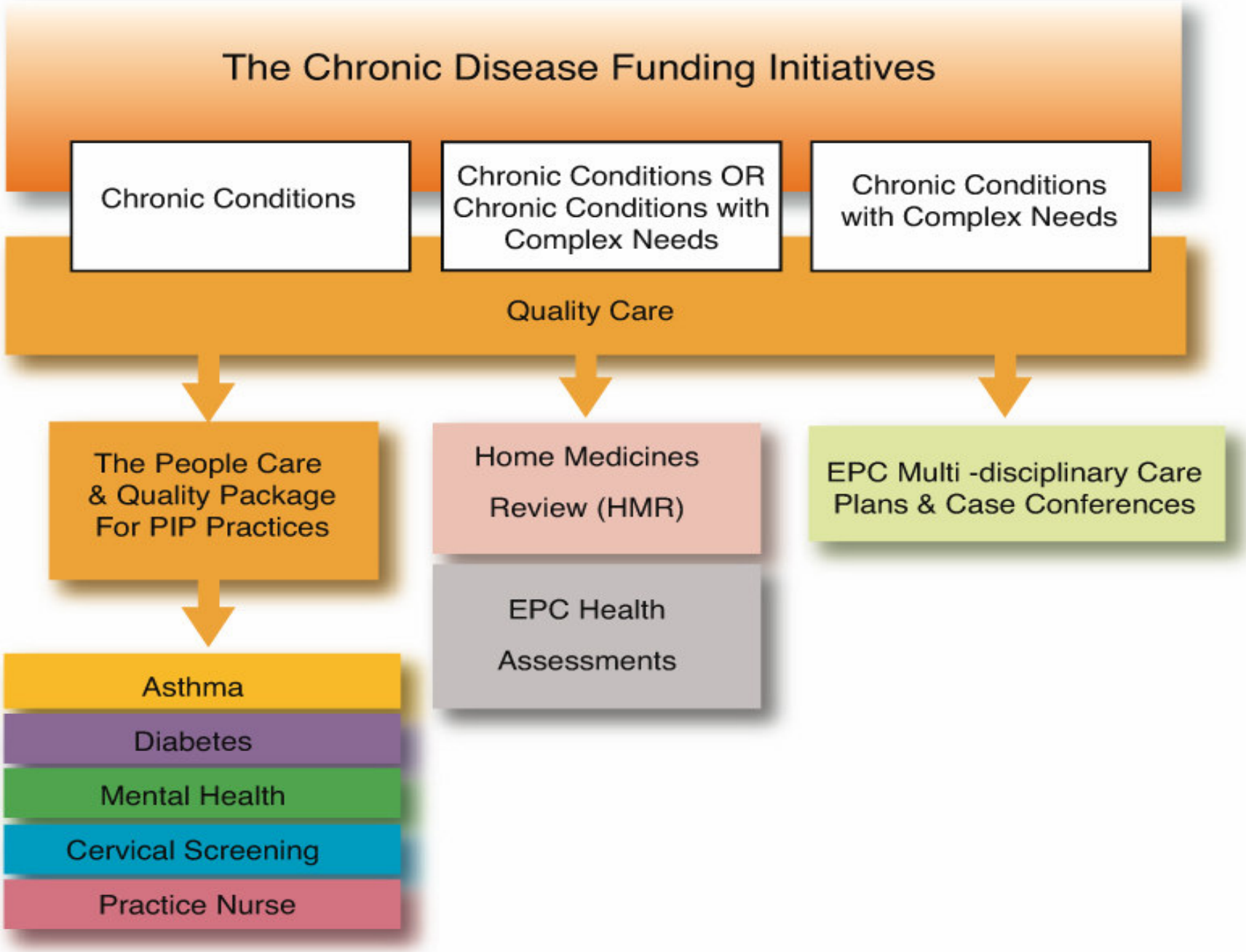
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Practice Nurse

Home Medicines Review (HMR)

Any patient living in the community, who has or may have difficulty managing their medications, can receive a review of their medication management in their home

- MBS Item #900 for GP = $123 (104.50 BB)
- GP refers patient to their preferred community pharmacy, who will organise a home review by a pharmacist
- Accredited pharmacist reports back to GP
- GP and patient agree on medication management plan
- Eligibility inc. Suspected non-compliance, recent hospital discharge, 5 or more medicines etc

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Annual Health Assessments

All over 75s and over 55s ATSI people living in the community can have an annual health assessment for early detection and prevention of health problems.

- In depth Assessment
- MBS payment
- Not reliant on eligibility for PIP
- 'Information collection' component can be delegated
- Standard rebate = $160.80 in the surgery
  = $227.45 at home

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EPC - Multidisciplinary Care Plans and Case Conferences

Patients of any age with a chronic medical condition(s) or terminal illness and complex care needs receive planned, multi-disciplinary team based care.

- unstable or deteriorating condition
- increasing frailty or dependence
- development of complications
- co-morbidities
- change in social circumstance

There are no age restrictions

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Red Tape Taskforce Implications

- Waiting for advice from RTT Advisory group on what this means (mid year start date)

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Red Tape Taskforce Implications - PIP

- Clarifying and simplifying SIP requirements for diabetes by
  - distributing practical and easy to use supporting material
  - expanding GPs' discretion in applying specific elements of the annual cycle of care

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Red Tape Taskforce implications

- Simplifying arrangements for practices to join the PIP and updating current PIP requirements for payments for information management and information technology and after-hours services

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Red Tape Taskforce Implications - EPC

- GP –management plan and review items for patients with a a chronic medical condition
- Team care arrangement item for patients with chronic and complex conditions requiring multidisciplinary care
- Retain Health assessments and case conferencing items

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Enhanced use of the practice nurse

- Expect practice nurse can
  - provide majority of care in Asthma 3+,
  - can assist with diabetes care
  - assist with writing GP Management care plans and
  - liaise with allied health for Team Care Arrangements step

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New Practice nurse MBS items

- Wound Management - 10996
- Immunisation -10993
- Cervical Screening – 10998 (RRMA 3-7)
- Preventative Care (not yet in)

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#10993 - Immunisation

- Practice claims when PN provides an immunisation service on behalf of a GP:
- Any vaccine registered under the Therapeutic Goods Act in Australia
- Mass immunisation services outside of the clinic cannot be claimed, but immunisations as part of home visits can be claimed

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Nurse qualification

- RN Division 1 and an Accredited Nurse Immuniser: can immunise in all settings
- RN Division 1 and not an accredited nurse immuniser: in the practice with a GP on-site
- RN Division 2 nurse: cannot provide immunisation services in Victoria

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#10996 - Wound Management

- Practice claims when PN provides a wound management on behalf of a GP:
- Can be provided in any location, except when the patient has been admitted to a hospital or day-hospital facility
- Can be claimed for the treatment of any wound, except for normal post-operative care

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#10998 - Cervical screening

- Practice claims when PN provides a pap test on behalf of a GP
- Nurse needs to be credentialed within Victoria

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Remuneration

- Immunisation 10993 = $8.50
- Wound Management = $8.50
- Cervical screening = $8.50
- Plus Bulk billing item (10990) when bulk billed = $7.50 (rural) and $5.00 (metropolitan) and relevant SIP payments, ACIR notification payments and any associated GP consultation.

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Any Questions?

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