Quality Improvement in General Practice – implementation of the Practice Incentive Program

This measure seeks to revise the scope of the previously agreed Practice Incentive Program (PIP) Quality Improvement (QI) Incentive and defer commencement by 12 months to 1 May 2018. The proposal will now combine five previous incentives into the QI Incentive instead of the announced seven incentives. This ensures the focus on achieving Indigenous outcomes is retained and removes unintended consequences for rural practices.

Why is this important?

From 1 May 2018, the design of the new Practice Incentive Program (PIP) Quality Improvement (QI) Incentive will support general practice to better understand and improve the quality of care, leading to better outcomes for patients.

The 12-month delay to the commencement responds to feedback from peak bodies and organisations representative of the sector that general practice readiness is critical to successful implementation.

Who will benefit?

Indigenous Australians with chronic disease and patients in rural and remote areas will benefit through retaining the Indigenous Health Incentive and the Procedural General Practitioner Payment.

The quality, safety, performance and accountability of general practices will be continuously improved.

How much will this cost?

This measure will cost $2.5 million from 2016–17 to 2020–21.