



**Australian Government**

**Department of Health**

# **Practice Incentives Program Quality Improvement Incentive Frequently Asked Questions**

## **1. What is the Practice Incentives Program Quality Improvement Incentive?**

The Practice Incentives Program (PIP) Quality Improvement (QI) Incentive is a payment to general practices that participate in quality improvement to improve patient outcomes and deliver best practice care. The PIP QI Incentive rewards general practices for undertaking continuous quality improvement activities in partnership with their local Primary Health Network (PHN).

## **2. When will the PIP QI Incentive commence?**

The PIP QI Incentive starts on 1 August 2019.

Practices are able to register for the Incentive from 1 August 2019 using their Provider Digital Access (PRODA) through their Health Professional Online services (HPOS). The first quarterly payment (covering 1 August to 31 October 2019) will be made in November 2019.

Participation in the PIP QI Incentive is voluntary and practices may withdraw from the Incentive at any time through HPOS.

Practices should notify their [local PHN](#) when they apply and withdraw from the PIP QI Incentive.

## **3. When PIP QI commences, what Incentives are remaining the same?**

There are currently eleven incentives under the PIP, the following seven incentives will stay the same:

- eHealth Incentive
- After Hours Incentive
- Rural Loading Incentive
- Teaching Payment
- General Practitioner Aged Care Access Incentive
- Indigenous Health Incentive
- Procedural General Practitioner Payment

#### **4. What Incentives cease under the PIP?**

The following four incentives will no longer be available after 31 July 2019:

- Asthma Incentive
- Diabetes Incentive
- Cervical Screening Incentive
- Quality Prescribing Incentive

#### **5. Will the Service Incentive Payments (SIPs) be affected?**

Yes, SIPs associated with the following three incentives will also cease:

- Asthma Incentive
- Diabetes Incentive
- Cervical Screening Incentive

#### **6. Will Standard Whole Patient Equivalent (SWPE) values and rural loadings remain?**

Yes. The Department of Human Services will apply the relevant SWPE weighting and rural loading (where applicable) to the PIP QI Incentive payments.

#### **7. Will the changes to the PIP affect other Incentive Programs offered by the Department of Health?**

No. The broader changes to PIP will not affect other Incentive Programs offered by the Department of Health.

## **8. How will this effect Aboriginal Community Controlled Health Services (ACCHS)?**

ACCHS and other organisations funded under the Indigenous Australians' Health Programme (IAHP) already have a well-established system of using primary health data to undertake quality improvement activities. This includes reporting against National Key Performance Indicators (nKPIs). This information assists ACCHS and other organisations funded under the IAHP to improve and maintain high quality clinical practice and service delivery of primary health care and health outcomes for Aboriginal and Torres Strait Islander people.

The PIP QI Incentive will support ACCHS and other organisations funded under the IAHP in continuing their current work in quality improvement within Aboriginal and Torres Strait Islander communities. ACCHS and other organisations funded under the IAHP will be eligible to apply for the PIP QI Incentive and it is expected they will meet the requirements for payment within existing arrangement with the Department of Health. .

## **9. Will practices still need to be accredited to participate in the PIP QI Incentive?**

Eligibility requirements remain the same as for the broader PIP program, which means practices will need to gain and maintain ongoing and continuous accreditation against the Royal Australian College of General Practitioners *Standards for general practices* to participate in the PIP and any incentive under the PIP including the PIP QI Incentive.

More information on how to participate in the PIP QI Incentive is available at

<https://www.humanservices.gov.au/organisations/health-professionals/services/medicare/practice-incentives-program/guidelines/quality-improvement-incentive>

## **10. Is the amount of PIP funding received by the practice likely to be affected by this change?**

Funding from the ceasing incentives has been consolidated into the PIP QI Incentive. As part of Budget 2019-20, it was also announced that the PIP QI Incentive will see an additional investment of \$201.5 million over five years from 2018-19. This means an increase to the overall funding available under the PIP.

However, the amount of funding that an individual practice receives under the PIP will vary according to the number of incentives a practice participates in, rurality and SWPE value.

## **11. Why is data important to quality improvement?**

An effective continuous quality improvement process involves collecting and reviewing data to identify problems and areas for improvement, developing solutions to those problems, implementing the solutions, evaluating the effect of the planned activities, and going back to assess the need for more improvements.

Data provision by general practices to inform quality improvement is not new. Over the last 10 years, thousands of Australian practices have participated in data driven quality improvement activities. These practices have demonstrated successful clinical system redesign, delivering safe and more reliable care for their patients. They have also developed the capacity to use data from practice software systems to deliver more proactive and systemic chronic disease management by adopting a practice population approach.

## **12. How will you make sure that specific chronic diseases like diabetes continue to be addressed?**

The PIP QI Incentive will give practices increased flexibility to improve their detection and management of a range of chronic conditions such as diabetes and to focus on issues specific to their practice population.

## **13. What is the PIP Eligible Data Set?**

The PIP Eligible Data Set is data collected against ten specified Improvement Measures. The PIP Eligible Data Set has a strong focus on chronic disease. Data informed improvement in these areas may help delay progression of chronic conditions, improve quality of life, increase life expectancy, and decrease the need for high cost interventions. Continuous improvement of general practice systems and processes may also lead to improved experience of work for both clinicians and administration staff.

Please read the [PIP QI Guidelines](#) for more information on the PIP Eligible Data Set.

## 14. What are the ten specified Improvement Measures?

The ten specified Improvement Measures are:

1. **Proportion of patients with diabetes with a current HbA1c result**
2. **Proportion of patients with a smoking status**
3. **Proportion of patients with a weight classification**
4. **Proportion of patients aged 65 and over who were immunised against influenza**
5. **Proportion of patients with diabetes who were immunised against influenza**
6. **Proportion of patients with COPD who were immunised against influenza**
7. **Proportion of patients with an alcohol consumption status**
8. **Proportion of patients with the necessary risk factors assessed to enable CVD assessment**
9. **Proportion of female patients with an up-to-date cervical screening**
10. **Proportion of patients with diabetes with a blood pressure result**

Please read the [Improvement Measures](#) document for more information on the ten Improvement Measures.

## 15. What data will general practices submit to Primary Health Networks?

General practices must electronically submit the PIP Eligible Data Set to their local PHN each quarter. This is one of the key eligibility requirements to receive the PIP QI Incentive payment.

Further information on the PIP QI Incentive including eligibility requirements, reference period and data submission period is detailed in the [PIP QI Guidelines](#).

## 16. Who has access to the PIP Eligible Data Set?

Australians expect strong safeguards to ensure their health information is safe and secure, that the privacy of their health information is respected, and their rights protected. All healthcare providers in Australia have professional and legal obligations to protect their patients' health information. The PIP QI Incentive is safeguarding privacy by only using a specified, limited and de-identified data set.

The PIP Eligible Data Set is prohibited from being commercialised by any data custodian and access and use of the PIP Eligible Data Set is limited.

Further details on the broad principles and responsibilities that underpin the governance of the PIP Eligible Data Set is detailed in the [PIP Eligible Data Set Data Governance Framework](#).

## 17. What role will the Primary Health Networks (PHNs) play under the PIP QI Incentive?

Through their practice support function, PHNs already play an integral role in working with general practice to support continuous quality improvement.

Under the PIP QI Incentive, PHNs will have a central role. They can:

- assist general practices participate in the Incentive;
- answer questions about the PIP QI including guidelines, Improvement Measures and the PIP Eligible Data Set Data Governance Framework;
- assist general practices to undertake continuous quality improvement that addresses the ten Improvement Measures and/or meets the needs of their practice population; and
- provide information to the Department of Health to confirm that a general practice has met the eligibility requirement for the PIP QI payment. The Department of Health will use this information from the PHNs to authorise payment of the PIP QI Incentive by the Department of Human Services.

## 18. How will the PIP QI Eligible Data Set assist general practices and the PHNs?

The PIP Eligible Data Set will assist

### General practices to:

- improve the quality of care and patient outcomes
- improve their capacity to benchmark their activities against peers on an agreed set of Improvement Measures
- provide nationally consistent, comparable data against specified quality Improvement Measures to create regional and national health data sets.

### PHNs to:

- work with general practices to support quality improvement
- contribute to service planning and population health mapping at different levels including, PHN boundaries, local health districts, jurisdictional boundaries and at national level.

Rules and guidance on the specific roles and responsibilities for data content, collection, use, access, aggregation, privacy, security, and data ownership for local, regional and national data custodians of the PIP Eligible Data Set can be found under the [PIP Eligible Data Set Data Governance Framework](#).

## **19. How will the new PIP QI Incentive payment work?**

The PIP QI Incentive is a payment to general practices that choose to participate in quality improvement to improve patient outcomes and deliver best practice care.

General practices that wish to receive the PIP QI Incentive payment must:

1. participate in continuous quality improvement activities in partnership with their local PHN; and
2. electronically submit the PIP Eligible Data Set to their local PHN quarterly.

## **20. Is a general practice allowed to share their Improvement Measures data with other general practices?**

Yes. General practices may use their data to benchmark their activities against peers on an agreed set of Improvement Measures.

## **21. Do general practices have to conduct quality improvement activities based on the PIP Eligible Data Set and how many quality improvement activities does a general practice need to conduct each year?**

No, general practices do not have to conduct quality improvement activities based on the PIP Eligible Data Set. General practices may initially focus their quality improvement activities on the ten specified Improvement Measures, noting there are no prescribed targets associated with any of the Improvement Measures. Alternatively practices may focus their quality improvement activities on areas which are informed by their clinical information system data and meets the needs of their practice population.

Continuous quality improvement (CQI) activities usually follow a *Plan Do Study Act* cycle. The amount of time it takes to complete each activity and the number undertaken will depend on the specific needs of each practice and the areas being focussed on. A general practice does not need to undertake a new CQI activity each quarter as some activities may take more than one quarter to complete.

## **22. Do general practices receive any reports from their local PHN?**

Yes. General practices should talk with their local PHN about what report options are available and explore opportunities with their PHN for support with CQI activities.