



Australian Government

Department of Health, Disability and Ageing

Early Insights from the General Practice in Aged Care Incentive



Introduction

The Australian Government's General Practice in Aged Care Incentive (the Incentive), launched on 1 July 2024, represents a major reform in aged care health delivery. Backed by a \$112 million investment over four years, the Incentive aims to improve access to proactive, continuous, and coordinated primary care for residents in residential aged care homes (RACHs). This initiative is the first incentive to be delivered through MyMedicare, the new voluntary patient registration model, and replaces the former Practice Incentives Program General Practice Aged Care Access Incentive (PIP GP ACAI).

Eligible providers and practices registered in MyMedicare and the Incentive will receive incentive payments for delivering proactive face-to-face visits, regular, planned reviews and coordinated care planning for older people who live in residential aged care homes.

To be eligible for payments, specific quarterly and annual servicing requirements must be met. These include delivering at least 10 eligible services comprising of 2 care planning items and 8 regular visits each year (2 regular visits must be made in separate calendar months each quarter). Up to 4 of those 8 regular visits can be delivered by another care team member at the same practice (including an alternative GP, GP registrar, nurse practitioner, practice nurse or Aboriginal and Torres Strait Islander health practitioner).

As part of the supports in place to implement the Incentive, best practice guidance and tools to support GPs and other health professionals delivering primary care services in aged care homes have been published on the Department of Health, Disability and Ageing's website. Additionally, grants have been awarded to all Primary Health Networks (PHNs) to support the collaboration and arrangements between GPs and general practices and aged care homes. Targeted PHNs have been awarded grants to establish thin-market solutions in their specific regions.

Monitoring and Evaluation

The Department of Health, Disability and Ageing (the Department) has commissioned Nous Group (Nous) to conduct comprehensive monitoring and evaluation of the Incentive from 2024 to 2027.

The objectives of monitoring and evaluation are to:

- Establish a baseline on the level of primary care services in RACHs before the start of the Incentive.
- Assess the effectiveness of implementation of the Incentive to support continuous improvement.
- Assess the extent to which the Incentive achieved the intended outcomes.
- Assess the appropriateness of the Incentive funding model to achieve the policy intent.
- Inform future policy decisions, including improvements to the Incentive and related incentives.

Nous developed a Monitoring and Evaluation Framework, which outlines how they will assess whether the Incentive has met its goals and objectives. Nous consulted with a range of stakeholders on the development of the framework, including but not limited to:

- Services Australia,
- Department of Veteran Affairs,
- The PHN Cooperative,
- Aged & Community Care Providers Australia (Ageing Australia),
- Strengthening Medicare General Practice Reference Group,
- National Aboriginal and Torres Strait Islander Ageing and Aged Care Council,
- Council on the Ageing (COTA), and
- Prestantia.

The Monitoring and Evaluation Framework is available at Attachment A.

Initial report

Utilising this framework, Nous have delivered an initial report to the Department covering the first six months of implementation.

This report establishes a baseline of initial monitoring and evaluation data, which can be used for future assessment. The baseline was developed through a desktop review identifying:

- Medicare Benefits Schedule (MBS) statistics and other data points about GP services delivered to aged care residents,
- uptake and effectiveness data for the previous incentive, PIP GP ACAI, as reported by the Department and as part of the Review of General Practice Incentives, and
- other publicly available documents and analysis on relevant primary care and aged care servicing issues.

The initial stage of the evaluation utilised administrative program data provided by the Department and primary data gathered through targeted stakeholder surveys. Stakeholder surveys were conducted between 21 November 2024, and 19 December 2024. This survey period occurred shortly after the initial Incentive payments were disbursed to GPs and practices in late October 2024, for the July – September assessment quarter.

Stakeholder groups included:

- residents, families and carers,
- GPs and General Practices,
- PHNs, and
- RACHs.

The initial survey provided early insights into the program's rollout, stakeholder experiences, and identified emerging challenges.

Key Findings

Strong Initial Uptake: As of November 2024, over 82,000 aged care residents were registered under MyMedicare and the Incentive, with more than \$14.3 million disbursed to general practices and providers.

Increased Care Planning: Total eligible care planning services rose by 25 per cent in the first six months after the Incentive launch, compared to the same period in previous years (2021-2024). This indicates early signs of improved proactive care to be explored in later years.

Stakeholder Sentiment: GPs and practices expressed dissatisfaction with the Incentive and the survey results found that there is space for program improvements to the Incentive.

Communication and Change Management: While the Department developed information kits and resources to support general practices, early evaluation findings indicate limited engagement. Few GPs and practices surveyed had accessed the available information kits, and among those who did, many found them insufficiently useful or relevant to their operational needs. PHNs, which play a key role in supporting practices, reported delays in receiving funding and unclear expectations regarding their role. This constrained their ability to provide timely and targeted support to general practices during the early rollout phase.

Emerging Insights

Continuity of Care Remains a Challenge: Most residents change GPs upon entering aged care, disrupting long-standing therapeutic relationships. While residents and carers reported moderate satisfaction with GP care, only 20 per cent of residents retained their previous GP upon entering aged care.

Administrative Complexity is a Barrier: The dual registration process (registering for MyMedicare and the Incentive) and tracking of service delivery per patient were described as overly burdensome by GPs and practices surveyed.

Incentive Design May Favour Larger Practices: Smaller practices and GPs with fewer aged care patients may find the model less viable.

PHN Role Needs Strengthening: Delays in funding and evolving grant scopes have hindered PHN effectiveness in supporting implementation.

Early Considerations

To enhance the effectiveness and efficiency of the Incentive, the following are recommendations for consideration:

- **Reduce complexity and administrative burden for GPs and general practices:** Simplify the registration process and reduce administrative requirements to make it easier for GPs and practices to participate in the Incentive. This will alleviate the burden on healthcare providers and encourage more GPs to participate in the Incentive.
- **Consider whether non-financial drivers have potential to lift GPs' engagement:** Identify whether professional development opportunities and recognition programs with support from Primary Health Networks could motivate GPs' participation in the Incentive.
- **Acknowledgement of aged care as a speciality delivered by multidisciplinary care teams in the Incentive:** Promote the role of GP Registrars as members of the registered General Practice care teams eligible to receive the Incentive. Recognition that multidisciplinary care teams play a role in delivering proactive care planning under the Incentive may build a pipeline of future GPs, Nurse Practitioners and allied health staff experienced in providing care to aged care residents. This will ensure a sustainable workforce for the future.

- Clarify the role of PHNs and strengthen PHN engagement and collaborative support for general practices: Clearly define the role of PHNs and enhance their engagement with general practices to improve the implementation and support of the Incentive. Provide PHNs with the necessary resources and information to effectively support GPs and general practices.

It is noted that these conclusions are drawn from surveying and data analysis up to December 2024. At the time of writing, responses to some of these considerations are underway.

Next Steps

Monitoring and evaluation will continue through 2026 and 2027, with a focus on assessing the Incentive's effectiveness, efficiency, and sustainability. Future reports will incorporate linked data, deeper stakeholder consultations, and refined methodologies to ensure robust, representative findings.

The Department will continue to work closely with its delivery partners to address the findings from the monitoring and evaluation from Nous.

More Information

More information about the General Practice in Aged Care Incentive, including the program guidelines, is on our website here: www.health.gov.au/our-work/gpaci.

Attachment A: General Practice in Aged Care Incentive – Monitoring and Evaluation Framework