



Australian Government

Department of Human Services

Practice Incentives Program

Diabetes Incentive guidelines—July 2012

medicare



Introduction

The Practice Incentives Program (PIP) is aimed at supporting general practice activities that encourage continuing improvements and quality care, enhance capacity and improve access and health outcomes for patients.

To be eligible to participate in the PIP, a practice must be accredited, or registered for accreditation, against the Royal Australian College of General Practitioners (RACGP) *Standards for general practices*. Practices must obtain full accreditation within 12 months of joining the PIP. Practices must maintain full accreditation to continue to be eligible for the PIP.

For more information on the incentives that the PIP offers and PIP overall eligibility, go to the PIP guidelines at humanservices.gov.au/healthprofessionals/thenincentivesandallowances > **Practice Incentives Program > Forms and guidelines**.

Definition of a GP

For the purposes of the PIP, GPs include general practitioners and/or non-specialist medical practitioners, known as other medical practitioners, who provide non-referred services but are not GPs. GPs include Fellows of the RACGP and the Australian College of Rural and Remote Medicine (ACRRM), vocationally registered general practitioners and medical practitioners undertaking approved training.

PIP Diabetes Incentive

The PIP Diabetes Incentive aims to encourage GPs to provide earlier diagnosis and effective management of people with established diabetes mellitus.

To be eligible for the Diabetes Incentive, practices must be registered in the PIP.

Payments and requirements

The PIP Diabetes Incentive has three components—the sign-on payment, outcomes payment and service incentive payment.

Table 1: Payments and requirements of the PIP Diabetes Incentive

Component	Payment	Description of payment
Sign-on payment	\$1.00 per SWPE*	One-off payment to practices that use a patient register and recall and reminder system for their patients with diabetes mellitus.
Outcomes payment	\$20.00 per diabetic SWPE	Payment to practices where at least two per cent of practice patients are diagnosed with diabetes mellitus and GPs have completed a diabetes cycle of care for at least 50 per cent of these patients.
Service incentive payment	\$40.00 per patient per year	Payment to GPs for each cycle of care completed for patients with established diabetes mellitus. This payment is paid when a diabetes specific MBS item number from Group A18 or A19 is claimed and the minimum requirements of the cycle of care have been met.

* Standardised Whole Patient Equivalent (SWPE) is used to measure practice size and includes a weighting factor for the age and gender of patients. The average full-time GP has a SWPE value of around 1000 SWPEs each year.

Sign-on payment

A one-off sign-on payment of \$1.00 per SWPE is made to practices that apply for the PIP Diabetes Incentive. The payment is made in the next quarterly payment after signing on.

To sign-on for the PIP Diabetes Incentive, practices need to:

- apply for the PIP Diabetes Incentive
- maintain a patient register and recall and reminder system for their patients with diabetes mellitus, and
- agree to implement a cycle of care for their patients with diabetes mellitus.

The register and recall and reminder system must be kept active and include a list of all known patients with diabetes attending the practice. It must include the patient's name, an identifier (for example, the practice's patient reference number) and contact details.

Registers can be electronic, or paper based. They can be held at the practice or at a Medicare Local, but patient consent is needed if a Medicare Local is used.

Outcomes payment

An outcomes payment of \$20.00 per diabetic SWPE per year is made to practices that have signed on to the incentive and reached the target level of care for their patients with diabetes mellitus.

To receive an outcomes payment, at least two per cent of practice patients must be diagnosed with diabetes mellitus and a diabetes cycle of care must be completed for at least 50 per cent of these patients.

The number of patients in a practice with established diabetes mellitus is based on the number of patients (based on SWPE) who have had a glycosylated haemoglobin (HbA1c) test (MBS items 66551, 66554 or 73840) in the last two years.

Service Incentive Payment

A Service Incentive Payment (SIP) of \$40.00 is paid quarterly to GPs for each annual cycle of care completed for a patient with established diabetes mellitus. The SIP is paid when a diabetes specific MBS item number from Group A18 or A19 is claimed and the minimum requirements of the diabetes cycle of care have been met. (See Table 2 over the page for the minimum requirements of the diabetes cycle of care).

Note: GPs must work at a PIP practice that is signed on to the PIP Diabetes Incentive.

GPs must provide the minimum requirements of care over a period of 11 months and up to 13 months. Additional levels of care are needed for insulin-dependent patients and those with abnormal review findings, complications and/or co-morbidities. The minimum requirements are generally based on the *Diabetes Management in General Practice* guidelines produced by the RACGP and Diabetes Australia.

Table 2: Minimum requirements of the annual diabetes cycle of care (to be completed over a period of at least 11 months and up to 13 months)

Activity	Frequency and description
Assess diabetes control by measuring HbA1c	At least once.
Carry out a comprehensive eye examination	The patient must have had at least one comprehensive eye examination over the current and previous cycle of care. The examination isn't needed if the patient is blind or doesn't have both eyes.
Measure weight and height and calculate Body Mass Index (BMI)	Measure height and weight and calculate the BMI on the patient's first visit and weigh them at least twice more.
Measure blood pressure	At least twice.
Examine feet	At least twice. This isn't needed if the patient doesn't have both feet.
Measure total cholesterol, triglycerides and HDL cholesterol	At least once.
Test for microalbuminuria	At least once.
Provide self-care education	Provide patient education about diabetes management.
Review diet	Review the patient's diet and give them information on appropriate dietary choices.
Review levels of physical activity	Review the patient's physical activity and give them information on appropriate levels of physical activity.
Check smoking status	Encourage the patient to stop smoking.
Review medication	Review patient's medicine.

Note: activities needed twice in a cycle of care must be performed at least five months apart.

Applying

Practices can apply for the PIP Diabetes Incentive when they apply for the PIP:

- through Health Professional Online Service (HPOS) at humanservices.gov.au/healthprofessionals then **HPOS Logon, or**
- by completing the *PIP and General Practice Immunisation Incentives (GPII) application* form at humanservices.gov.au/healthprofessionals then **Incentives and Allowances > Practice Incentives Programs > Forms and guidelines.**

Practices already participating in the PIP can apply for the Diabetes Incentive:

- through HPOS, or
- by completing the *Cervical Screening, Asthma and Diabetes Incentives application* form.

The practice's authorised contact person needs to complete and sign the application form.

Claiming a sign-on payment

If the practice's application to participate in the PIP Diabetes Incentive is successful, they don't need to do anything to receive the sign-on payment. It will be paid in the next quarterly payment to the bank account nominated by the practice.

Claiming an outcomes payment

Once a practice meets the requirements of the outcomes payment, it is automatically paid with the next PIP quarterly payment to the bank account nominated by the practice.

Claiming a SIP

GPs must use one of the diabetes specific MBS item numbers when claiming for the consultation that completes a patient's diabetes cycle of care. This will indicate the requirements have been met and trigger a payment.

The MBS item numbers are from Group A18 or A19 of the MBS: 2517, 2518, 2521, 2522, 2525, 2526, 2620, 2622, 2624, 2631, 2633 or 2635.

Note: the SIP is paid on top of the consultation fee.

To claim the patient benefit (also referred to as the direct bill payment) for this incentive, use the usual MBS item numbers.

All other consultations to meet the minimum requirements of care outlined in Table 2 should be billed using the usual MBS attendance items.

For more information on MBS item numbers, call **132 150**.

If we don't have a GPs bank details, the *Practice Incentives Program Service Incentive Payment banking details* form will be sent to the GP to complete. Once the bank details have been registered, all future SIPs will be paid into the nominated bank account.

Obligations

The practice must:

- be able to substantiate claims, which can include evidence that they've completed a patient's cycle of care and of their patient register, recall and reminder system
- give information to us as part of the ongoing confirmation statement and audit process to make sure the practice meets the PIP eligibility requirements
- make sure information provided to us is accurate, and
- tell us in writing, of any changes to practice arrangements by the relevant 'point in time' date or within 14 calendar days, whichever date is earlier.

For more information, go to the PIP guidelines at humanservices.gov.au/healthprofessionals then **Incentives and Allowances > Practice Incentives Programs > Forms and guidelines**.

The practice must nominate an authorised contact person(s), who will confirm, on the practice's behalf, any changes to information for PIP claims and payments.

Appeals process

The PIP has an established appeals process. To ask for a review of a decision, the authorised contact person or the owners of the practice must write to us within 28 days of the date on the notice of the decision. We will review the decision and let the practice know in writing of the outcome.

For more information

Online humanservices.gov.au/healthprofessionals then **Incentives and Allowances > Practice Incentive Program**

Email pip@humanservices.gov.au

Call **1800 222 032**** 8.30 am to 5.00 pm, Monday to Friday, Australian Central Standard Time

*Call charges apply.

** Call charges apply from mobile and pay phones only.

Disclaimer

These guidelines are for information purposes only. While it is intended that the Australian Government will make payments as set out in these guidelines, the making of payments is at its sole discretion. The Australian Government may alter arrangements for the Practice Incentives Program at any time and without notice.

The Australian Government does not accept any legal liability or responsibility for any injury, loss or damage incurred by the use of, reliance on, or interpretation of the information provided in these guidelines.