

# Practice Incentives Program – Indigenous Health Incentives (PIP IHI) and PBS Co-payment Measure

PIP IHI Component	Payment	Explanatory Notes
Sign-On Payment	\$1,000 per practice	<p>A one off payment to practices that agree to undertake specified activities to improve care to their Aboriginal and Torres Strait Islander patients with a chronic disease. These activities include:</p> <ul style="list-style-type: none"> <li>seeking consent to register Aboriginal and Torres Strait Islander patients, who have or are at risk of chronic disease, with Medicare Australia, in order to access the relevant Indigenous chronic disease package measures</li> <li>establishing a mechanism to ensure Aboriginal and Torres Strait Islander patients aged 15 years and over who have a chronic disease are followed up (eg. through use of a recall and reminder system or staff actively seeking out patients to make sure they return for ongoing care)</li> <li>at least two practice staff (one must be a GP) undertaking endorsed cultural awareness training within 12 months (exemptions apply)</li> <li>annotating PBS prescriptions for Aboriginal and Torres Strait Islander patients participating in the CTG PBS Co-payment Measure.</li> </ul>
Patient Registration Payment	\$250 per patient/calendar year	<p>Payment is available for each Aboriginal and Torres Strait Islander patient aged 15 years and over, registered with the practice for chronic disease management in the current calendar year, who has:</p> <ul style="list-style-type: none"> <li>had (or been offered) a Health Assessment for Aboriginal and Torres Strait Islander Australians (MBS item 715), <b>AND</b></li> <li>has a current Medicare card and is a 'usual' patient of the practice, <b>AND</b></li> <li>provided informed consent to be registered for the PIP Indigenous Health Incentive.</li> </ul>
Outcomes Payment	Tier 1 – Target level of Care: \$100 per patient/calendar year	<p>Payment is made to practices that, within the current calendar year:</p> <ul style="list-style-type: none"> <li>develop a General Practice Management Plan (GPMP) (MBS item 721) or Team Care Arrangements (TCA) (MBS item 723) for the patient and undertake at least one review of the GPMP or the TCA (MBS Item 732), <b>OR</b></li> <li>undertake two reviews of the patient's GPMP or TCA (MBS Item 732), <b>OR</b></li> <li>contribute to a review of a multidisciplinary care plan for a patient in a residential aged care facility (MBS item 731) on two occasions.</li> </ul>
	Tier 2 – Majority of Care: \$150 per patient/calendar year	<p>The practice must provide the majority of MBS services for the patient (with a minimum of any five MBS services) in the calendar year. This may include the services provided to qualify for the Tier 1 Outcomes Payment.</p>

## Eligibility for the PBS Co-Payment Measure

The patient can be of any age and must:

- identify as being of Aboriginal and/or Torres Strait Islander origin
- present with an existing chronic disease or chronic disease risk factor
- in the opinion of the doctor, be likely to experience setbacks in the prevention or ongoing management of chronic disease if they did not take the prescribed medicine
- be unlikely to adhere to their medicines regimen without assistance through this measure.

## Registration

Registration for the PIP IHI and the PBS Co-payment Measure are independent of each other.

A patient can choose to participate in one or both.

- Patients registering for PIP IHI must complete the form's consent section (at [www.humanservices.gov.au/health-professionals/forms/ip017](http://www.humanservices.gov.au/health-professionals/forms/ip017)).
- Where a patient is registered for the PBS Co-payment Measure only, the practice will not attract a patient registration payment, and patients need only register once.
- Practices must re-register PIP IHI patients each calendar year.