

The Practice Incentives Program (PIP) aims to support general practice activities.

These activities include continual improvements, quality care, enhanced capacity, and improved access and health outcomes for patients.

The [Practice Incentives Program](#) is administered by the Department of Human Services (DHS), on behalf of the Australian Government Department of Health (DoH).

Eligibility criteria for the PIP

To be [eligible to participate in the PIP](#), a general practice must meet all of the following requirements:


- Meet the Royal Australian College of General Practitioners (RACGP) [definition of a general practice](#).
- Meet the PIP definition of an open practice (where one or more registered medical practitioners provide face-to-face medical or health services to patients at a physical location).
- Maintain at least \$10 million in public liability insurance cover for the main location and each additional practice location (legal liability is not public liability).
- Make sure all general practitioners and nurse practitioners have the required minimum of \$10 million professional indemnity insurance cover.
- Be accredited, or registered for accreditation, as a general practice against the RACGP [Standards for general practices](#) by an agency approved under the [National General Practice Accreditation Scheme](#). Accreditation must cover the entire quarter the practice is applying in and be maintained thereafter. Practices must be registered for and achieve accreditation against the RACGP Standards within 12 months of joining the PIP Program.

Current incentives

The PIP currently comprises eight incentives. Participating practices can apply for as many or as few as are applicable to their practice. Each PIP has its own program eligibility criteria, questions and required supporting evidence. The PIP includes incentives for:

- [After Hours](#)
- [eHealth](#)
- [GP Aged Care Access](#)
- [Indigenous Health](#)
- [Procedural GP](#)
- [Quality improvement](#)
- [Rural Loading](#)
- [Teaching](#)

In addition, the [Practice Nurse Incentive Program](#) (PNIP) incentivises general practices to employ practice nurses, Aboriginal and Torres Strait Islander Health Workers or Aboriginal and Torres Strait



Islander Practitioners. Aboriginal Medical Services may also attract the PNIP to employ allied health professionals.

On 1 August 2019, the incentives for asthma, cervical screening, diabetes, and quality prescribing ceased, and the PIP Quality Improvement (PIP QI) payment was introduced.

To support practices through this transition, North Western Melbourne Primary Health Network (NWMPHN) has collated a list of frequently asked questions to explain the components and processes of the PIP QI. This library of FAQs will be regularly updated as we transition to PIP QI.

The Department of Health has also released its own set of FAQs and a fact sheet, which [you can access here](#).

Practice Incentive Program Quality Improvement Incentive FAQs

GENERAL

What is the PIP QI?

The PIP [Quality Improvement Incentive](#) is a new incentive available from 1 August 2019 as part of the Practice Incentives Program. It is a payment to general practices that participate in quality improvement activities to improve patient outcomes and deliver best practice care.

There are two components that a general practice needs to meet to be eligible for a PIP QI incentive payment:

1. Participate in continuous quality improvement
2. Provide the PIP Eligible Data Set to its local PHN

The [PIP QI Guidelines](#) provide further information about PIP QI.

What is the PIP Eligible Data Set?

The PIP Eligible Data Set is de-identified patient data, aggregated at the practice level, that can be analysed by the demographic and clinical factors specified in the PIP Eligible Data Set Data Governance Framework. It is comprised of only those fields required to Calculate the PIP QI ten improvement measures (listed below).

The [ten quality 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 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

Some demographic information, such as sex, ATSI status, and age (in five-year brackets) will also be collected. Please see the [PIP Eligible Data Set Governance Framework](#) for more information.

What is NWMPHN's role in the PIP QI program?

NWMPHN, like all Primary Health Networks nationwide, is responsible for receiving the PIP Eligible Data Set from participating local practices (for NWMPHN, that means general practices in the [North Western Region](#)), and for providing a report to the Department of Health that confirms the practices that successfully extracted data for the quarter.

NWMPHN is also able to support practices with quality improvement activities through our [general practice improvement program](#).

How much money will my practice receive for participating in PIP QI?

The [PIP QI Guidelines](#) outline the payment information (page 6) for practices participating in PIP QI.

Eligible practices will be able to receive a maximum of payment of \$12,500 per quarter, based on \$5.00 per [Standardised Whole Patient Equivalent](#) (SWPE) per year. The table below provides some guidance on the payments available per quarter, and per annum, based on your practice's SWPE.

This information is provided as an estimate only; the payments for which your practice is eligible may differ from the calculations below.

SWPE	Per quarter	Per annum
1,000	\$1,250	\$5,000
2,000	\$2,500	\$10,000
3,000	\$3,750	\$15,000
4,000	\$5,000	\$20,000
5,000	\$6,250	\$25,000
6,000	\$7,500	\$30,000
7,000	\$8,750	\$35,000
8,000	\$10,000	\$40,000
9,000	\$11,250	\$45,000
10,000	\$12,500	\$50,000

Remember that four incentives (Diabetes, Cervical Screening, Asthma, and Quality Prescribing) have ceased with the introduction of the PIP QI.

The Service Incentive Payments (SIPs) associated with these terminated incentives also ceased with the introduction of the PIP QI.

How do the PIP quarters and "points in time" work?

The [Practice Incentives Program operates on a quarterly structure](#), with eligibility assessed on the final day of the month prior to the quarterly payment month.

PIP QI Quarter	Practice data submitting period	Quarterly payment month
1 Nov 2019 – 31 Jan 2020	1 Nov 2019 – 15 Jan 2020	February 2020
1 Feb 2020 – 30 April 2020	1 Feb 2020 – 15 April 2020	May 2020
1 August 2020 – 31 Oct 2020	1 August 2020 – 15 Oct 2020	November 2020
1 Nov 2020 – 31 Jan 2021	1 Nov 2020 – 15 Jan 2021	February 2021

NWMPHN will inform practices of the data submission window, and has designed the extraction schedule (for those with CAT4 Scheduler installed, data will be extracted on the 1st of the month) to coordinate with the PIP reporting period and provide practices with three opportunities to submit the data each quarter.

What is the annual confirmation statement that the practices sign?

General practices will need to complete an annual Medicare confirmation statement each year for each PIP they are claiming. Practices need to confirm their details including whether they have met both the Program and Incentive level eligibility requirements.

It is the sole responsibility of the participating general practice to make their declaration to Medicare of compliance or non-compliance in the annual confirmation statement. Under the PIP QI Incentive, practices are required to maintain evidence for six years that they have complied with the eligibility requirements for the PIP QI Incentive.

Which payments are stopping?

From 1 August 2019, the following PIP incentives will cease:

- Asthma
- Quality Prescribing
- Cervical Screening
- Diabetes

The following incentives will remain unchanged:

- eHealth Incentive
- After Hours Incentive
- Rural Loading Incentive

- Teaching Payment
- Indigenous Health Incentive
- Procedural General Practitioner Payment
- General Practitioner Aged Care Access Incentive

Will the Service Incentive Payments (SIPs) be affected?

The following SIP payments ceased on 31 July 2019:

- Asthma
- Diabetes and
- Cervical Screening

The MBS items 2517, 2521 and 2525 will continue on the schedule and will be claimable after the SIP and incentives cease for diabetes cycle of care, as will asthma item numbers 2546, 2552 and 2558.

What information is available for my patients?

The Department of Health has published [this fact sheet for consumers](#).

REGISTERING FOR PIP QI

What do I need to do to prepare for PIP QI?

If you meet the eligibility criteria but have not yet registered to participate in PIP, you will first need to apply via [Health Professional Online Services](#) (HPOS), or by using the [DHS IP001 form](#). Once you have been approved to participate in PIP, you will need to provide your PIP Practice ID to NWMPHN. Your Practice ID is a unique identification number the Department of Human Services uses to identify your practice and, in some cases, your additional practice sites for the purpose of the PIP.

You can find your Practice ID located on your payment statement. The practice ID is in the top right-hand corner of the first page of the statement, labelled "Our reference" (see image), under the Australian Government crest for the Department of Human Services.


You can also notify NWMPHN of your intention to participate in PIP QI by completing our PIP QI Details Form [here](#) or emailing primarycare@nwmpnhn.org.au

Why does NWMPHN need my PIP ID?

Our role in PIP QI is to receive the Eligible Data Set from each participating practice in the region and provide a report to the Department of Health. This report confirms the identity of the eligible practices that successfully extracted data in the quarter.



Payment date: 22 May 2019
Run number: P133
Our reference: 001234



NWMPHN must ensure that it provides the Department of Health with data that enables it to reliably identify participating practices. To do this, we need to know your practice's PIP ID, and the name your practice is known by to the Department of Human Services (this will usually match the name recorded on your certificate of accreditation).

To support and confirm your ongoing eligibility, it is also useful for us to know your accreditation information, such as your accreditation provider and the expiry date of your current accreditation.

By recording this information for your practice, we can utilise identifiers known to the Department of Health and the Department of Human Services to ensure your practice receives payments each quarter.

How can I register my practice for PIP QI?

As noted above, your practice must first be participating in the Practice Incentives Program. If your practice has not applied for PIP, this should be done [online through HPOS](#), or by using the [DHS IP001 form](#).

Your application to participate in the PIP QI program must be finalised before your practice can register for the PIP QI payment.

Once your practice is registered for PIP QI, please let NWMPHN know by emailing primarycare@nwmpnhn.org.au

I didn't register on 1 August; can I still register for PIP QI?

Yes, you can. 1 August was the start date for the new incentive and the first day on which practices could register to participate. You can apply at any time for the incentive. Please be mindful of the data submission window for each quarter.

If you meet the eligibility criteria but have not yet registered to participate in PIP, you will first need to apply via [Health Professional Online Services](#) (HPOS), or by using the [DHS IP001 form](#).


Once you have been approved to participate in PIP, you will need to provide your PIP ID to NWMPHN. Your PIP ID is a unique identification number the Department of Human Services uses to identify your practice and, in some cases, your additional practice sites for the purpose of the PIP.

You can also notify NWMPHN of your intention to participate in PIP QI by completing our PIP QI Details Form [here](#) or emailing primarycare@nwmpnhn.org.au

I am unsure how to set up PRODA and HPOS. Can you help me?

To register for PIP QI through HPOS you will need a PRODA account. [This resource will help you set up a PRODA account](#).

The Department of Human Services has a good range of education resources, including videos, simulations, and infographics, to help healthcare providers set up PRODA and HPOS. You will need to



create a PRODA account to use HPOS, so please start with the PRODA education if you are new to DHS online services.

Links:

- [PRODA education resources](#)
- [HPOS education resources](#)
- [Incentives programs education resources](#) (please note that these will not have been updated for PIP QI)

The steps on PRODA are slightly different depending on whether your practice is currently registered for other PIP payments and you are opting into PIP QI in addition or whether you are registering for the PIP program for the first time altogether.

The following instructions are only for registering for the Practice Incentive Payments for the first time:


1. Log into PRODA
2. Go to HPOS
3. Click on 'My Programs'
4. Click on 'Practice Incentive Program (PIP)'
5. Click 'Apply Now'
6. Read terms and conditions and click on 'Next' right at the bottom on the page
7. Click 'Eligibility Check'
8. Fill in the registration form
9. Tell NWMPHN your Practice PIP ID

The following instructions are for practice who are currently claiming PIPs and choosing to opt in for PIP QI:

1. Log on to [HPOS](#)
2. Click My Programs
3. Go to the PIP tile
4. Click the Update button
5. The Program and PIP information screen will appear
6. Click the Exit button at the bottom of the information
7. Look for the Main menu (red header at top-left of screen), and click Incentive summary
8. In the Quality Stream section > Quality Improvement Incentive, click the Apply link
9. Read the terms
10. Tick the Participation Payment option
11. Click Submit
12. Tell NWMPHN your Practice PIP ID

What do Aboriginal Community Controlled Health Services (ACCHS) need to do to receive the PIP QI payments?

[Aboriginal Community Controlled Health Services](#) and other organisations funded under the



[Indigenous Australians' Health Programme](#) for the delivery of primary health care services that wish to receive the PIP QI Incentive payment must:

- Be eligible for the PIP
- Register for the PIP QI incentive
- Submit data on the [National Key Performance Indicators](#) to the Department of Health
- Undertake quality improvement activities within their existing arrangement with the Department of Health that focus on the nKPIs

These organisations do not need to share data with NWMPHN to be eligible for PIP QI payments, but instead need to maintain their existing reporting arrangements with the Department of Health.

CONTINUOUS QUALITY IMPROVEMENT

What is continuous quality improvement?

The [Royal Australian College of General Practitioners](#) (RACGP) defines continuous quality improvement as an ongoing activity undertaken within a general practice with the primary purpose to monitor, evaluate, or improve the quality of health care delivered to practice patients.

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
- 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, for example: the Collaboratives. 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.

Do general practices have to conduct their quality improvement activities based on the 10 Improvement Measures?

No, they don't.

General practices may initially focus their quality improvement activities on the 10 specified Improvement Measures, noting there are no prescribed targets associated with any of the Measures. Alternatively, practices may focus their quality improvement activities on areas which are informed by their clinical information system data and meet the needs of their practice population.

DATA SHARING

Does my practice have to share de-identified data with NWMPHN to be eligible for the PIP QI?

Yes.

To be eligible to receive a PIP QI payment, general practices **must**:

- Be eligible for the PIP
- Register for the PIP QI Incentive
- Electronically submit the PIP Eligible Data Set to their local PHN quarterly
- Undertake continuous quality improvement activities in partnership with their local PHN

The exceptions to this are [Aboriginal Community Controlled Health Services](#) and other organisations funded under the [Indigenous Australians' Health Programme](#), which already provide data against the [Aboriginal and Torres Strait Islander National Key Performance Indicators](#), within existing arrangements with the Department of Health (see FAQ below for more information).

What are the benefits of sharing data with NWMPHN? What can NWMPHN help with?

In addition to it being a requirement for practices wishing to participate in PIP QI, practices that share data with NWMPHN receive the following benefits:

- Licences for the CAT Plus software suite at no cost to your practice
- Reports that provide your practice with de-identified data to help drive quality improvement in data quality, billing accuracy, and patient-centred care
- Personalised support and training to assist your practice in maximising the benefits of the Pen CS general practice data tools
- Support with quality improvement activities


Building a relationship with your NWMPHN relationship manager provides you with a support person to assist with a range of activities tailored to your general practice. You will also receive timely information about services and education near your practice, plus vital information relevant to the sector and your business.

Please contact NWMPHN to be put in touch with your relationship manager, or contact the Primary Health Care Improvement team on 03 9347 1188 or email: primarycare@nwmpnhn.org.au

My practice IS NOT currently sharing de-identified data with NWMPHN. What do I need to do?

If your practice is not currently sharing data with NWMPHN, and intends to participate in PIP QI, we encourage you to contact us as soon as possible.

Your practice may have a CAT Plus licence and not be extracting data, or you may not have had the



CAT Plus tools installed. You may also wish to explore other methods for sharing data. Whatever your current circumstances, it is important that you get in touch promptly. The process for establishing a data sharing arrangement will take some time and coordination.

Please contact NWMPHN to be put in touch with your relationship manager, or contact the Primary Health Care Improvement Team on 03 9347 1188 or email: primarycare@nwmpnhn.org.au

My practice IS currently sharing de-identified data with NWMPHN. What do I need to do?

If your practice is already sharing data with NWMPHN, you are well placed for the introduction of PIP QI.

You will need to provide your PIP ID to NWMPHN so that we can ensure our records include the information we require for reporting to the Department of Health. If you have not already provided your PIP ID, you can do so by emailing primarycare@nwmpnhn.org.au

Your practice will also be required to sign a new Data Sharing Agreement to reflect the new data extraction and governance requirements for the PIP Eligible Data Set.

To be eligible for a payment in the first quarter (August – October 2019), your practice needs to register for PIP QI, then complete a successful data extraction of the PIP Eligible Data Set before 15 October.

How is the data de-identified?

De-identification of data sent to NWMPHN occurs through the De-identify Dataset feature “FAT CAT”, which is the Filtering and Anonymisation Tool in **CAT4**. During the de-identification process, patients who have withdrawn consent to share data are removed from the data extract.

To de-identify the data, all identifiable information such as name, address and date of birth are removed. The personal information that remains is gender, ethnicity and the age of a patient (in years).

CAT4 is using a **Filtering and Anonymisation Tool (FAT CAT)** to de-identify the data extracts and to certify that the extract has been correctly de-identified. Only FAT CAT-certified extracts are uploaded to PAT CAT and non-certified extracts are rejected.

The de-identified data file is an XML file format. CAT4 zips the XML and sends the zipped XML to PAT CAT. It uses a secure https web service to send a zipped XML file with the sender’s organisation credentials. This needs to be initiated from within CAT4 by a logged-in user of the organisation.

PAT CAT is only able to receive files that were processed by FAT CAT, meaning that the data has been successfully de-identified and certified. It checks the sender’s credentials and will only accept a file from an organisation that is linked to the PAT CAT.

PAT CAT stores the data received against the practice’s record. It knows which dataset has originated from which medical centre.



I have patients who don't want their data shared. Can I exclude them from this data set?

If you are using PEN CS CAT4 as your data extraction tool, then yes, you can exclude a patient from the extraction that you submit to NWMPHN.

As outlined in the [RACGP Secondary use of general practice data guidelines](#), it is a requirement to advise your patients that their health care information may be de-identified and used for secondary purposes.

If your patient withdraws consent for data to be shared for the purpose of PIP QI, you can use the functionality in CAT4 to exclude them from this particular data sharing activity only. Doing this removes a patient's data completely from any de-identified data files that CAT creates. You only need to do this once for a patient to exclude the patient from all future extractions.

A guide to opting a patient out of data sharing in CAT4 is available on the [Pen CS website](#).

Please note that this process only excludes non-consenting patients from data extracted in CAT4; it does not exclude them from other data sharing activities your practice might participate in. You may find that your clinical software has features that allow you to exclude non-consenting patients from these other activities. If other data sharing is a concern for you or your patients, please speak directly with your clinical software provider to learn more about features specific to your software.

To ensure your patients are informed of this process we recommend displaying posters in your waiting area. Free waiting room posters are available in the [Pen CS resource kit](#) (username: media/ password: gpmedia).


Patients who do not want their data included in the de-identified dataset can be opted out by your practice in CAT4. For more information about removing unidentified patient health information from the upload to PAT CAT, visit the [Pen CS website](#).

During the de-identify dataset process, patients who have withdrawn consent to share data are removed from the data extract. Once a patient has opted out, the software will remember this for all future data extracts. Instructions on how to opt out patients are available on the [Pen CS website](#).

What are the data governance arrangements?

The [PIP Eligible Data Set Data Governance Framework](#) sets out the roles and responsibilities of all data custodians involved in the content, collection, use, access, aggregation, privacy and security of the PIP Eligible Data Set.

- **Local data custodians:** Participating general practices control collection, use, access, privacy and security of data at the general practice level and are designated local data custodians.
- **Regional data custodians:** Primary Health Networks (PHNs) aggregate and control collection, use, access, privacy and security of data at the regional level and are designated regional data custodians.
- **National data custodian:** the Australian Institute of Health and Welfare will aggregate and control collection, use, access, privacy and security of data at the national level and is the designated national data custodian of the PIP Eligible Data Set. The [PIP Eligible Data Set Data](#)



[Governance Framework](#) sets out the roles and responsibilities of all data custodians involved in the content, collection, use, access, aggregation, privacy and security of the PIP Eligible Data Set.

PEN CS CLINICAL AUDIT TOOL AND CAT PLUS SOFTWARE PACKAGE

What is the PEN CS Clinical Audit Tool?

The PEN CS Clinical Audit Tool (CAT4) tool is a de-identified data sharing and analysis program.

CAT4 provides analysis and reporting functionality and expertise for general practices to help them understand their data.

CAT4 is an easy to use tool that allows practices to:

- Monitor the health outcomes of your patients. You can also use the additional Top Bar function to support clinical decision-making at the point of care.
- Examine, visualise and analyse your practice data using filters.
- Improve data quality.
- Identify priorities for improvement and perform quality improvement activities.
- Schedule monthly deidentified data submission to NWMPHN through a “set and forget (with your consent)” mechanism.

Further information on CAT4 can be found on [our website](#).

What data extraction tool does NWMPHN use?

NWMPHN has selected [Pen CS](#) as its preferred data extraction tool. You can learn more about [CAT Plus](#) and the Pen CS [suite of tools for general practice](#) on its website.

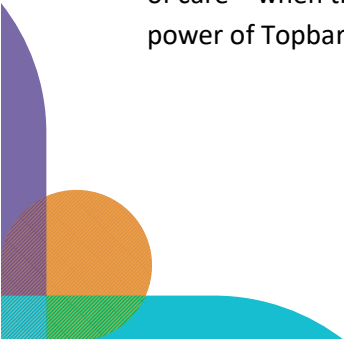
Your relationship manager can assist you with Pen CS information and training.

What is the Pen CS Scheduler and what does it do?

The Pen CS Scheduler automates the triggering of CAT4. CAT4 extract your data from your clinical system for your clinic’s internal day-to-day use. For data sharing clinics, CAT4 de-identifies and certifies the data extract and submits it to NWMPHN. The Pen CS Scheduler doesn’t extract any data, nor does it submit data to NWMPHN.

What is Topbar?

Topbar is a clinical decision support system. It is designed to assist medical practitioners at the point of care – when they are seeing a patient. By combining their knowledge and experience with the power of Topbar, physicians can make better decisions based on data.



Which general practice software packages are compatible with CAT Plus?

The Pen CS CAT Plus compatibility matrices for clinical and billing information systems are as follows:

Clinical information system	CAT4	Scheduler V3	Topbar
Medical Director	Yes	Yes	Yes
Best Practice	Yes	Yes	Yes
Zedmed	Yes	Yes	Yes (v26 and higher)
Genie	Yes	in beta	in beta
Specialist Complete	Yes	TBC	No
Medinet	Yes	No	No
MedTech32	Yes	No	No
MMEEx	Yes	No	No
practiX	Yes	No	No
StatHealth	Yes	No	No

Billing information system	CAT4	Topbar
PracSoft	Yes	Yes
BP Management	Yes	Yes
Zedmed	Yes	Yes
Communicare	Yes	
Mediflex	Yes	
MedTech32	Yes	
Medilink	Yes	
MMEEx	Yes	
practiX	Yes	
Genie		
The Practice	Yes	

What if my practice uses software that is not compatible with CAT Plus?

General practices that cannot exchange data with their local PHN because they do not currently have compatible software, or do not want to use the software offered by their PHN, need to:

- Work with their clinical information system provider and local PHN to create a compatible system to submit the PIP Eligible Data Set in accordance with the PIP Eligible Data Set Data Governance Framework.
- Apply to the Department of Health for a time-limited exemption and work towards operationalising a compatible system.
- The Department of Health may give general practices up to 12 months to ensure that they have sufficient time to work with their PHN and clinical information system provider to find a solution that complies with the PIP QI Incentive Guidelines and the PIP Eligible Data Set Data Governance Framework.
- If a time-limited exemption is approved by the Department of Health, practices will need to work in partnership with their local PHN to meet the other requirements of the PIP QI Incentive.

If you have further questions regarding the PIP QI Incentive time-limited exemption or wish to apply for the exemption please email: practicesupport@health.gov.au

What data is sent to NWMPHN under the Clinical Audit Tool Plus (CAT Plus) Agreement?

CAT Plus collects de-identified data on “active” patients in the clinical system only. Data for patients who are deceased or marked inactive or archived are not collected, unless this option is enabled in CAT4.

All demographic data and identifying information for individual patients is excluded from the information sent from your practice to NWMPHN. NWMPHN’s data portal will reject any extracts that have identifiable information.

When will my data be extracted?

Practices that use the Scheduler feature in CAT4 have their data extracted automatically on the 1st of each month.

If your practice does not have Scheduler installed, please review the FAQ above relating to software compatibility and contact primarycare@nwmpnhn.org.au for more information. If your software is compatible, we recommend you contact [Pen CS](#) to have the Scheduler installed.

Can my staff view the data prior to sharing it with NWMPHN?

Practices submitting data share a de-identified Clinical Audit Tool extract. Practices are able to view what they are sending to NWMPHN at any time by opening the CAT4 application and selecting the ‘De-identify Dataset’ from the ‘Extract’ panel in CAT4. Visit the Pen CS website for more information about [de-identification of data extracts](#) and [which information is extracted](#).

Does CAT4 access the appointment book and MBS billing history?

CAT4 does not access the appointment book.

CAT4 does access the patient's billing history (accounts) for selected MBS items such as Health Assessments and Care Plans. This provides the practice with the ability to find eligible patients with unclaimed MBS items.

CAT4 does extract the MBS items per patient, for use within the practice as an MBS filter. Information about the uses of this filter is available on the [Pen CS website](#).

My practice uses a shared server. Can we separate data extractions by location?

Provided your practice uses software that is compatible with Pen CS, and that your software has been correctly configured, CAT4 can be configured to run a data extract by location.

Pen CS refers to this as "multi-location" and has successfully supported practices to provide separate and aggregated data extracts across practices with a shared server arrangement.

If your practice uses one of the software systems listed below, please review the information provided by Pen CS to ensure the software is correctly configured for collection by location:

- [Best Practice collection by location](#)
- [Medical Director collection by location](#)
- [Communicare collection by location](#)

We will continue to add information relating to collection by location as it becomes available.

How do I know if my practice has successfully extracted and submitted data to NWMPHN?

Practices with a data sharing agreement with NWMPHN will receive a notification to confirm:

- A successful extraction, or
- An unsuccessful extraction

Practices only require one successful extraction within each quarter to maintain eligibility for the PIP QI payment.

How do I ensure I am using the latest version of CAT4?

If your practice has elected not to receive CAT4 updates, you will not be automatically notified when new updates are released. You will need to manually check whether updates are available.

A screenshot of the *Check for Updates* function is available [here](#).

It is recommended that you use the latest version of your clinical software and the data extraction tool. These systems are continuously updated to deliver new features and functionality and to address security issues.

To make sure you understand how to maintain current versions of your practice software, consult with your practice's IT provider (if you have one). Running updates may require authentication or assistance from your IT provider.

To streamline the process and potentially reduce IT costs for the practice, you should notify your IT provider of any appointments scheduled with Pen CS and/or consult your IT provider before making appointments, to ensure that everyone can be available when required.

MORE INFORMATION

NWMPHN can answer questions about components of PIP QI including:

- Guidelines
- The PIP Eligible Data Set
- The ten Improvement Measures
- The Data Governance Framework
- Quality improvement activities
- Your eligibility for a PIP QI payment

Email: primarycare@nwmpnhn.org.au or call 03 9347 1188.

The Department of Human Services can also answer questions about PIP QI including:

- Applying for the PIP and the PIP QI
- Registering on HPOS
- Your PIP practice identifier
- Linking your HPOS account to your practice profile to enable you to manage your practice details online
- How payments are calculated and the Standardised Whole Patient Equivalent (SWPE) value
- Practice obligations and the Annual Confirmation Statement
- Review of decisions about your status or PIP payment.

Email: pip@humanservices.gov.au or call: 1800 222 032.

If you have further questions regarding the PIP QI Incentive time-limited exemption or wish to apply for an exemption email: practicesupport@health.gov.au

We acknowledge the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.



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