PRIMARY HEALTH NETWORK

Practice Incentive Program – General Practitioner Aged care Access Incentive

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11 August, 2021

WE ACKNOWLEDGE THE TRADITIONAL OWNERS & CUSTODIANS OF THE LAND THAT WE LIVE & WORK ON AS THE FIRST PEOPLE OF THIS COUNTRY.

LEARNING OUTCOMES

1. Practice Incentive Program – General Practitioner Aged Care Access Incentive
    - What it means for GP's?
    - Who is eligible?
    - Payments and requirements
    - Eligible MBS item numbers

2. Practice Incentive Payment for In-reach Residential Aged Care and Disability Support Worker Covid-19 vaccination
    - How will this work?
    - How is the payment provided?

3. Shortages and challenges working in Residential Aged care Facilities

4. Innovative models of care and care co-ordination roles within RACF

PRACTICE INCENTIVE PROGRAM – GENERAL PRACTITIONER AGED CARE ACCESS INCENTIVE

The Practice Incentives Program (PIP) encourages general practices to continue providing quality care, enhance capacity, and improve access and health outcomes for patients.

Eligibility

To be eligible for the PIP GP Aged Care Access Incentive payments, GPs must:

- be registered in the PIP at an approved PIP practice
- use a Medicare provider number linked to a PIP practice when claiming Medicare Benefits Schedule (MBS) services in RACFs
- provide eligible MBS services to residents in RACFs
- reach the Qualifying Service Level (QSL) by providing the required number of MBS services in RACFs in a financial year

WHAT IT MEANS FOR GENERAL PRACTITIONERS

As of 1 July, GPs offering aged care services will be entitled to receive a **maximum yearly payment of $10,000**

It is designed to help support the health of the 244,000 Australians living in residential aged care facilities (RACFs) by increasing face-to-face contact with their GP.

Capped at $10,000, GPs will receive service incentive payments based on the number of eligible items they deliver to patients in a financial year.

PAYMENTS AND REQUIREMENTS

The PIP GP ACAI payments are based on a GP providing a required number of eligible MBS services in RACFs in a financial year. The PIP GP ACAI has 4 payment tiers.

TIER	QUALIFYING SERVICE LEVEL (QSL)	SERVICE INCENTIVE PAYMENT (SIP)
Tier 1a	60 to 99 services	$2,000
Tier 1b	100 to 139 services	+$2,500
Tier 2a	140 to 179 services	+$2,500
Tier 2b	180 or more services	+$3,000

HOW PAYMENTS ARE MADE

QUARTERLY PAYMENT MONTH	POINT IN TIME ASSESSMENT OF ELIGIBILITY	REFERENCE PERIOD
February	31 January	1 November to 31 January
May	30 April	1 February to 30 April
August	31 July	1 May to 31 July
November	31 October	1 August to 31 October

ELIGIBLE MBS ITEMS

Eligible MBS services are those provided to residents in **Commonwealth-funded RACFs** and **Multi-Purpose Services**.

MBS services that count towards the QSLs include:

- attendances in RACFs, including those provided to DVA patients
- contributions to Care Plans
- Residential Medication Management Reviews

The MBS items that count towards the QSLs are:

SERVICE	ITEM NUMBERS
Professional Attendance	90020, 90035, 90043, 90051, 90093, 90996, 90183, 90188, 90202, 90212
After Hours	741, 763, 772, 789, 5010, 5028, 5049, 5067, 5260, 5263, 5265, 5267
Residential Medication Management Review	249, 903
Chronic Disease Management	232, 731

PRACTICE INCENTIVE PAYMENT – IN-REACH RESIDENTIAL AGED CARE AND DISABILITY SUPPORT WORKER COVID-19 VACCINATION

COVID-19 vaccination of residential aged care **workers** will become **mandatory from 17 September 2021**. It will be a condition of employment to have received a minimum first dose of a COVID-19 vaccine for all people who work in a residential aged care facility.

To support primary care vaccination providers to conduct in-reach COVID-19 vaccination clinics, additional funding will be available to primary care vaccination providers who administer an in-reach clinic in a residential aged care or disability care setting from **29 April 2021** until **31 October 2021**.

WHAT ADDITIONAL FUNDING IS AVAILABLE?

This funding is only available for vaccinations that are provided via a dedicated **in-reach service** for residential aged care or disability support workers.

Funding includes:

- A **$1,000** payment once a **minimum threshold of 50** unvaccinated residential aged care or disability support workers (cumulative) have been provided a COVID-19 vaccination (1 dose) at an in-reach clinic.
- **$20** for **every dose** provided to an unvaccinated residential aged care or disability support worker thereafter (with a maximum payment of $40 per worker for two doses).

Additional funding is only available where an **in-reach service** is conducted and **not** when aged care or disability support workers attend a general practice, Commonwealth Vaccination Clinics (CVC) or Aboriginal and Torres Strait Islander Community Controlled Health Services (ACCHS)

WHAT IF I DON'T MEET THE THRESHOLD?

If fewer than a cumulative total of 50 COVID-19 vaccination doses are administered as part of in-reach clinics between 29 April 2021 and 31 October 2021, **no additional payment is available**.

The additional payment is permitted to be backdated to 29 April 2021 where sufficient evidence of in-reach vaccination clinics can be provided to support the claim.

Payments can be claimed until 31 October 2021.

CAN YOU GET THE ADDITIONAL PAYMENT FOR AGED CARE RESIDENT VACCINATIONS?

NO

Although it is encouraged to vaccinate residents during these in-reach clinics, you will **not** accrue any additional incentive.

The relevant MBS Covid-19 vaccine items or equivalent CVC payments can still be claimed.

HOW WILL THIS WORK?

Priority consideration may be given to practices that have an existing relationship with a residential aged care facility.

If you have made plans to vaccinate RACF workers, please email the PHN at vaccine@thephn.com.au

Disability workforce in-reach clinics may be coordinated directly between disability support providers and primary care providers. In this case it is not a requirement for the PHN to coordinate and report.

HOW IS THE PAYMENT PROVIDED?

Primary care providers must report the relevant details for each facility visited through the COVID-19 Vaccine Administrative System (CVAS). Functionality will be available in CVAS **from Thursday 12 August 2021.**

PIP Payments will be made in November 2021 for services provided from 29 April 2021.

General practices are also reminded to ensure that general practitioners providing MBS assessment items are linked to the practice approved for PIP.

For Commonwealth Vaccination Clinics: Payment will be made on receipt of an invoice that includes the number of doses administered to residential aged care and disability support workers as part of an in-reach clinic.

All other payments for vaccination services remain the same.

DELIVERY OF IN-REACH CLINICS

In delivering in-reach vaccination clinics, primary care vaccination providers are responsible for ensuring:

- an **appropriate model of care** and clinical governance for vaccine delivery
- all **reporting requirements** are met
- maintenance of vaccine **cold-chain integrity** during transport and at the site of administration to ensure vaccine potency
- that the in-reach clinic set up has adequate **infrastructure for clinical safety** to be maintained

Vaccination providers should also:

- maximise the available doses to avoid wastage
- bring all required vaccine administration consumables and equipment
- plan for the individuals who receive the vaccination to have access to a second dose

SHORTAGES AND CHALLENGES WORKING IN RESIDENTIAL AGED CARE FACILITIES

- Nationwide GP shortage in RACF
- GP workload
- Incentive payments
- Support

INNOVATIVE MODELS OF CARE AND CARE CO-ORDINATION ROLES WITHIN RACFS

There are many successful Models of Care being implemented

- Telehealth for routine and urgent consults
- Nurse Practitioner shared care models
- GP aged care practice liaison nurse models
- Care co-ordination MOC at RACF level

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