



## FACT SHEET

# Supporting primary care providers to coordinate disease management

### What the Australian Government is doing

The Government is providing payments through the Practice Incentives Program (PIP) Indigenous Health Incentive to support general practices and Indigenous health services to provide better health care for Indigenous Australians. This includes best practice management of chronic disease.

It will also provide funding through the Care Coordination and Supplementary Services (CCSS) Program for coordinated care and supplementary services and other health-related costs for Indigenous patients.

### How this will work

- The PIP Indigenous Health Incentive will have three components:
  - *Sign-on payment*: a one-off payment of \$1,000 to practices that join the incentive and agree to undertake specified activities to improve the provision of care to their Aboriginal and Torres Strait Islander patients with chronic disease;
  - *Patient registration payment*: an annual payment to practices of \$250 for each Aboriginal and Torres Strait Islander patient 15 years and over, registered with the practice for chronic disease management in a calendar year; and
  - *Outcomes payment*:
    - Tier 1 - \$100 to practices for each registered patient for whom a target level of care is provided by the practice in a calendar year
    - Tier 2 - \$150 to practices for each registered patient for whom the majority of care is provided by the practice within a calendar year.
- Practices participating in this incentive will be able to refer those Indigenous patients identified as needing more complex chronic disease management to the CCSS Program.
  - While the CCSS Program will provide care coordination and other services to support effective chronic disease management, there will be local flexibility around specific arrangements.

- Care coordination will help individual patients to access services consistent with their care plan. It will include arranging required services, assisting the patient to attend appointments, and ensuring regular reviews by the primary care provider.
- Typically, the care coordinator role will be filled by specialised workers focused on Indigenous healthcare, such as specialised nurses or Aboriginal Health Workers.
- General practices and Indigenous health services with Indigenous patients at increased risk of chronic disease will be encouraged to refer these patients to available local lifestyle modification programs.

### **How this will help Indigenous Australians**

- Aboriginal and Torres Strait Islander clients will benefit through improved management of their chronic condition.

### **Who will implement the new approach**

#### *PIP Indigenous Health Incentive*

- The specific requirements of the PIP Indigenous Health Incentive were developed in consultation with the medical profession and key Indigenous stakeholders. The incentive will commence in May 2010.
- The PIP is administered by Medicare Australia on behalf of the Department of Health and Ageing.

#### *Care Coordination and Supplementary Services*

- The Department is consulting with a range of organisations including general practice, allied health and key Indigenous stakeholders about the CCSS, which will be implemented via a staged rollout starting from around May 2010.
- Funding for the CCSS Program will be distributed by the state based organisations of the divisions of the Australian General Practice Network.