



PRACTICE INCENTIVES PROGRAM (PIP) INDIGENOUS HEALTH INCENTIVE FREQUENTLY ASKED QUESTIONS

Cultural Awareness Training

Question: What are the cultural awareness training requirements for the PIP Indigenous Health Incentive?

Answer: To meet the cultural awareness training requirement, at least two staff members from the practice (one of whom must be a GP), must complete appropriate cultural awareness training within 12 months of the practice signing on to the incentive.

For the purposes of the PIP Indigenous Health Incentive, appropriate training is any that is endorsed by a professional medical college, including those that offer Continuing Professional Development (CPD) points, or endorsed by the National Aboriginal Community Controlled Health Organisation (NACCHO) or one of its state or territory affiliates. Examples of professional medical colleges include the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM). Documentary evidence of completion of the training should be kept on file at the practice.

Appropriate training that has been undertaken up to 12 months prior to the practice signing on for the incentive will also be considered to meet this requirement. There are no specific time, length or method (face to face, online, distance education etc) criteria associated with the cultural awareness training requirement, as long as it fulfils the components outlined above.

Practices under the management of an Aboriginal Board of Directors, or a committee comprising predominately Aboriginal community representatives, are exempt from this requirement.

Question: What if a GP at the practice works at an Indigenous Health Service on a regular basis?

Answer: If a GP at the practice works at an Indigenous Health Service on a regular basis this will be considered to be the equivalent of **one** GP staff member having undertaken cultural awareness training.

To ensure the practice meets the cultural awareness training requirement, at least one other staff member will need to undertake appropriate cultural awareness training within 12 months of the practice signing on to the incentive.

Question: Are there any recommended cultural awareness training courses?

Answer: There is no national, definitive and comprehensive list of cultural awareness training courses which meet the PIP Indigenous Health Incentive requirement.

Practices are able to determine which cultural awareness training course meets the incentive requirements and the unique needs of their patients, staff and practice. Your local Division of General Practice, local NACCHO affiliate, the RACGP or ACRRM may be able to advise you of appropriate cultural awareness training options in your area, or suitable online courses.

Definition of ‘chronic disease’

The aim of the Commonwealth’s Indigenous Chronic Disease Package is to close the gap life expectancy gap between Indigenous and non-Indigenous Australians.

The Commonwealth’s Indigenous Chronic Disease Package, of which the PIP Indigenous Health Incentive is a key part, is designed to improve the prevention, early detection and ongoing management of those chronic diseases that are the main causes of mortality for Indigenous Australians – cardiovascular disease, diabetes, chronic renal disease, chronic respiratory disease and cancer. To a large extent, these conditions have common risk factors.

Question: What is considered a chronic disease for the purposes of the PIP Indigenous Health Incentive?

Answer: The PIP Indigenous Health Incentive uses the Medicare Benefits Schedule (MBS) definition of a ‘chronic disease’, which is: a disease that has been, or is likely to be, present for at least six months, including but not limited to asthma, cancer, cardiovascular illness, diabetes mellitus, musculoskeletal conditions and stroke.

The MBS does not comprehensively list all possible medical ‘conditions’ that either are/are not regarded as chronic medical conditions for the purposes of the CDM items.

Where a patient’s ‘condition’ would not obviously come within the MBS definition, a GP may still consider that the patient’s condition and circumstances are such that they require the preparation of a care plan because of such factors as non-compliance, inability to self-manage or functional disability. These factors could also apply in considering eligibility for the PIP Indigenous Health Incentive.

Patients with a mental health condition

Patients with mental health conditions may be eligible to access the *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule Initiative* (Better Access Initiative). The initiative was introduced in November 2006 to provide early intervention by general practitioners (GPs), psychiatrists, psychologists and appropriately trained social workers and occupational therapists to improve support for patients with mental health disorders in the primary care setting.

If a GP assesses a patient as having a mental health disorder, and as a consequence prepares a GP Mental Health Treatment Plan (MBS item 2702 or 2710), then the patient may be eligible for up to 12 allied health Medicare rebateable services per calendar year.

If a patient is diagnosed by their GP with a chronic disease and complex care needs, and as a consequence prepares a GP Management Plan and Team Care Arrangements (MBS Items 721 and 723), the patient may be eligible to receive up to five allied health services per calendar year.

Where the patient has a mental health condition as well as significant co-morbidities and complex care needs requiring team based care, the GP can use both: GP Management Plan and Team Care Arrangements; and GP Mental Health Treatment Plan.

Patients with multiple chronic conditions are eligible for a single GP Management Plan and, if those multiple conditions result in complex needs requiring care from a multidisciplinary team (team care), the patient will also be eligible for the Team Care Arrangements service.

Patient Registration

Question: What is considered a “usual practice” for the purposes of PIP Indigenous Health Incentive?

Answer: Patient registration for the PIP Indigenous Health Incentive should only be undertaken by the patient’s ‘usual care provider’. This is the practice that has provided the majority of care to the patient over the previous 12 months and/or, will be providing the majority of care to the patient over the next 12 months.

Patients should confirm that they wish the practice written on the patient consent form to be their usual care provider and be responsible for their chronic disease management.

Before a GP submits a patient registration form they should be satisfied that their peers would agree that their practice provides the ‘usual care’ to the patient, given the patient’s needs and circumstances. The term ‘usual care provider’ would not generally apply to a practice that provides only one service to a patient.

Question: What evidence do patients need to provide to confirm they are Aboriginal or Torres Strait Islander origin?

Answer: No documentary evidence is required. Patients are required to self-identify as being of Aboriginal and/or Torres Strait Islander origin for the purposes of the incentive, to reduce the administrative burden for both patients and practices. This is consistent with a number of other Government programs for Aboriginal and Torres Strait Islander people.

Question: Does a patient have to withdraw their registration with their previous practice, and register with our practice, in order for our practice to receive outcomes payments?

Answer: No. Practices may be eligible for either or both outcomes payments, even if the patient is currently registered at another PIP practice. However, a patient does need to be registered for the PIP Indigenous Health Incentive in order for the services provided to that patient to be counted in the calculation of outcomes payments.

PIP Indigenous Health Incentive outcome payments are not linked to the practice a patient registers with. Outcome payments will be automatically calculated by Medicare Australia and paid to eligible practices, regardless of whether the patient is registered at that particular practice. This payment structure takes into account patient mobility, and also recognises those practices providing the majority of care to Aboriginal and Torres Strait Islander patients.

As patient re-registration is required each calendar year, if a patient’s usual practice changes, the patient can register with their new practice in the following calendar year.