



ASTHMA INCENTIVE » GUIDELINES

JANUARY 2009

THESE GUIDELINES PROVIDE INFORMATION ABOUT THE PRACTICE INCENTIVES PROGRAM (PIP) ASTHMA INCENTIVE.

1. INTRODUCTION

The PIP provides a number of incentives that aim to encourage general practices to improve the quality of care provided to patients. Practices must be accredited or registered for accreditation against the Royal Australian College of General Practitioners (RACGP) *Standards for general practices* to participate in the PIP.

Payments are made through the PIP:

- to encourage use of electronic health systems;
- to ensure patients have access to after hours care;
- to support rural practices;
- to encourage rural general practitioners (GPs) to provide procedural services;
- to support practices to employ practice nurses;
- to encourage practices to teach medical students;
- for participating in educational activities to improve prescribing behaviour;
- to encourage cervical screening;
- for best practice management of patients with asthma and diabetes;
- to encourage general practices in rural and remote areas to act as a referral point for women experiencing domestic violence; and
- to encourage GPs to provide increased and continuing services in Commonwealth-funded Residential Aged Care Facilities.

The PIP is administered by Medicare Australia on behalf of the Australian Government Department of Health and Ageing.

2. THE PIP ASTHMA INCENTIVE

The PIP Asthma Incentive aims to encourage GPs to better manage the clinical care of people with moderate to severe asthma.

Generally, patients must meet the following criteria to be assessed as having moderate to severe asthma:

- symptoms on most days; or
- use of preventer medication; or
- bronchodilator use at least three times per week; or
- hospital attendance or admission following an acute exacerbation of asthma.

3. WHAT ARE THE PIP ASTHMA INCENTIVE PAYMENTS AND REQUIREMENTS?

The PIP Asthma Incentive has two components, which are summarised in Table 1 and explained in more detail below.

TABLE 1: PAYMENTS AND REQUIREMENTS OF THE PIP ASTHMA INCENTIVE

Component	Payment	Activity required for payment
Sign-on Payment	\$0.25 per SWPE*	One-off payment to practices that use a patient register, and recall and reminder system; agree to use the asthma cycle of care; and agree to have their details forwarded to appropriate bodies (see below).
Service Incentive Payment	\$100 per patient per year	Payment to GPs for each completed cycle of care for patients with moderate to severe asthma.

* Standardised Whole Patient Equivalent (SWPE) is used to measure practice size and includes a weighting factor for the age and gender of patients.

(I) SIGN-ON PAYMENT

A one-off sign-on payment of \$0.25 per Standardised Whole Patient Equivalent (SWPE) is made to practices that register for the PIP Asthma Incentive. The payment is made to practices in the next quarterly payment following sign-on.

ASTHMA INCENTIVE » GUIDELINES

To sign on for the PIP Asthma Incentive, practices are required to:

- register for the PIP Asthma Incentive;
- use a patient register, and recall and reminder system for their patients with moderate to severe asthma;
- agree to implement a cycle of care for their patients with moderate to severe asthma (see below); and
- agree to have their practice details provided to the National Asthma Council Australia, Australian General Practice Network, Divisions of General Practice or State Based Organisations so they can receive information about the asthma cycle of care.

The register, and recall and reminder system must include:

- a list of all known patients with asthma attending the practice, including the patient's name, identifier (e.g. practice file number or Medicare number) and contact details; and
- an active patient recall and reminder system.

The registers can be electronic or paper based and can be held either at the practice or at the local Division of General Practice. If a Division-based register is used, patient consent is required.

(II) SERVICE INCENTIVE PAYMENT

A Service Incentive Payment (SIP) of \$100 per year is paid for each cycle of care completed for a patient with moderate to severe asthma. GPs must be working from a PIP practice that is signed on for the PIP Asthma Incentive (see above). The SIPs are paid quarterly.

The asthma cycle of care for a patient with moderate to severe asthma must be delivered within a 12-month period and include the three steps of assessment, planning and review. The assessment and planning steps can be conducted in one consultation, if practicable.

At a minimum, the asthma cycle of care must include:

- at least two asthma related consultations within 12 months for a patient with moderate to severe asthma;
- at least one of these consultations (the review consultation) to have been planned at a previous consultation;

- documented diagnosis and assessment of the patient's level of asthma control and severity of asthma;
- review of the patient's use of and access to asthma related medication and devices;
- provision to the patient of a written asthma action plan (if the patient is unable to use a written asthma action plan – discussion with the patient about an alternative method of providing an asthma action plan, and documentation of the discussion in the patient's medical records);
- provision of asthma self-management education to the patient; and
- a review of the written or documented asthma action plan.

4. IS OUR PRACTICE/GP ELIGIBLE FOR THE PIP ASTHMA INCENTIVE?

To be eligible for the sign-on payment of the PIP Asthma Incentive, the practice must:

- participate in the PIP; and
- meet the requirements of the sign-on payment as described above.

To be eligible for SIPs, the GP must:

- work in a PIP practice that is signed on for the Asthma Incentive; and
- complete an asthma cycle of care for patients with moderate to severe asthma as described above.

5. HOW DOES THE PRACTICE/GP APPLY FOR THE PIP ASTHMA INCENTIVE?

CLAIMING A SIGN-ON PAYMENT

Practices can apply for the PIP Asthma Incentive sign-on payment by completing the relevant parts of the Practice Incentives Program and General Practice Immunisation Incentive application form that is available from Medicare Australia.

The authorised contact person for the practice is required to complete and sign the relevant parts of the application form.

ASTHMA INCENTIVE » GUIDELINES

CLAIMING A SIP

GPs must use one of the following asthma specific Medicare Benefits Schedule (MBS) attendance item numbers (from Group A18 or A19 of the MBS book) when the minimum requirements of the asthma cycle of care have been completed for a patient with moderate to severe asthma: 2546, 2547, 2552, 2553, 2558, 2559, 2664, 2666, 2668, 2673, 2675 or 2677.

Use of these items will inform Medicare Australia that the requirements of the asthma cycle of care have been met and automatically trigger a SIP. The SIP is in addition to the consultation fee. The patient rebate (or direct bill payment) for the Asthma Incentive MBS attendance items is the same as for the usual MBS attendance items.

All other consultations should be billed using the usual MBS attendance items with the exception of the consultation that completes the asthma cycle of care.

For further information on the use and billing of MBS attendance items telephone the Medicare Provider enquiry line on 132 150.

If Medicare Australia does not have the banking details of the GP, a form will be automatically generated and sent to the GP's main practice location after Medicare Australia has processed the item number that triggers the SIP.

6. WHAT ARE THE OBLIGATIONS OF THE PRACTICE?

The practice must:

- be able to substantiate its claims for payments, which may include evidence of their patient register, recall and reminder system, and the completion of cycles of care for patients with moderate to severe asthma;
- provide information to Medicare Australia as part of its ongoing audit program to verify the practice meets PIP eligibility criteria;
- ensure information provided to Medicare Australia is accurate; and
- notify Medicare Australia in writing within 14 calendar days of any changes that may affect its eligibility for PIP payments.

On joining the PIP, a practice must nominate a PIP contact person from the practice, who will be required to verify on the practice's behalf, any changes to information submitted for PIP claims and payments.

7. IS THERE AN APPEALS PROCESS?

The PIP has an established appeals process. To appeal any decision made in regard to PIP eligibility or payments, the practice must write to Medicare Australia within 28 calendar days of receiving notice of the decision it would like reviewed. Medicare Australia will review its decision and advise the practice in writing of the outcome.

Advice on further avenues of appeal is available from Medicare Australia.

MORE INFORMATION:

Web: www.medicareaustralia.gov.au/pip

Email: pip@medicareaustralia.gov.au

Phone: 1800 222 032*

Hours of operation are between
8:30 am – 5:00 pm
Australian Central Standard Time

*Call charges apply from mobile and pay phones only.

These Guidelines are for information purposes only. While it is presently intended that the Commonwealth will make payments as set out in these Guidelines, the making of payments is a matter in the sole discretion of the Commonwealth. The Commonwealth may alter arrangements for the Practice Incentives Program at any time and without notice.

The Commonwealth does not accept any legal liability or responsibility for any injury, loss or damage incurred by the use of, reliance on, or interpretation of the information provided in these Guidelines.