



PRACTICE NURSE INCENTIVE » GUIDELINES

FEBRUARY 2009

THESE GUIDELINES PROVIDE INFORMATION ABOUT THE PRACTICE INCENTIVES PROGRAM (PIP) PRACTICE NURSE 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 (DoHA).

2. THE PIP PRACTICE NURSE INCENTIVE

The PIP Practice Nurse Incentive aims to encourage general practices to employ practice nurses and/or Aboriginal health workers. Practices in urban areas of workforce shortage are also supported through the PIP to employ allied health professionals such as physiotherapists, dieticians and occupational therapists instead of, or in addition to, practice nurses and/or Aboriginal health workers (see Section 4.2).

Practices in rural and remote areas are not supported through the PIP to employ or retain the services of allied health professionals, as assistance is provided through the More Allied Health Services (MAHS) Program. Further information on the MAHS Program can be found on the Australian Department of Health and Ageing website at <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pcd-programs-mahs>.

Regardless of location, all Aboriginal Medical Services (AMS) and Aboriginal Community Controlled Health Services (ACCHS) participating in the PIP can apply for the PIP Practice Nurse Incentive. An AMS is a health service funded principally to provide services to Aboriginal and Torres Strait Islander individuals. An AMS is not necessarily community controlled. An ACCHS is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it.

3. WHAT ARE THE PIP PRACTICE NURSE INCENTIVE PAYMENTS AND REQUIREMENTS?

The PIP Practice Nurse Incentive is not intended to cover the full employment costs of practice nurses and/or Aboriginal health workers and/or allied health professionals.

3.1 PAYMENTS IN RURAL AND REMOTE AREAS

A payment of \$7 per Standardised Whole Patient Equivalent (SWPE) per year is made to practices in *Rural, Remote and Metropolitan Areas (RRMA) Classification 3-7* locations. The payment is capped at \$8,750 per quarter. Payments are made by Medicare Australia as part of each quarterly PIP payment.

A rural loading, ranging from 15 to 50 per cent depending on the RRMA classification of the practice, is applied to the payments of practices in RRMA 3-7 locations.

3.2 PAYMENTS IN URBAN AREAS OF WORKFORCE SHORTAGE

A payment of \$8 per SWPE per year is made to practices in urban areas of workforce shortage and AMS/ACCHS in all urban areas. The payment is capped at \$10,000 per quarter. For the purposes of the PIP, areas of workforce shortage are determined by DoHA (see Section 4.1). Payments are made by Medicare Australia as part of each quarterly PIP payment.

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4. IS OUR PRACTICE ELIGIBLE FOR THE PIP PRACTICE NURSE INCENTIVE?

To be eligible for the PIP Practice Nurse Incentive, practices must:

- participate in the PIP;
- be located in rural and remote areas or urban areas of workforce shortage, or be an AMS/ACCHS in any location (see practice location below);
- employ or retain eligible practice nurses and/or Aboriginal health workers and/or allied health professionals (see Section 4.2 for eligible health professionals);
- employ or retain eligible practice nurses and/or Aboriginal health workers and/or allied health professionals for the minimum number of sessions per week (see Section 4.3 for minimum employment requirements);
- employ or retain the services of appropriately trained and qualified practice nurses and/or Aboriginal health workers and/or allied health professionals (see Section 4.4 for minimum qualifications); and
- employ or retain practice nurses and/or Aboriginal health workers and/or allied health professionals to predominantly undertake the functions specified at Attachment A.

4.1 PRACTICE LOCATION

For the purposes of the PIP, rural and remote practices are those classified as a RRMA 3-7 location. Urban practices are those classified under the RRMA Classification as a RRMA 1-2 location. Urban practices must also be located in an area of workforce shortage as determined by DoHA. For the purposes of the PIP, urban areas of workforce shortage are defined below.

An area of workforce shortage is one in which the community is considered to have less access to medical services than that experienced by the population in general.

DoHA generally uses Statistical Local Areas (SLAs) to define areas because SLAs are the smallest geographic unit for which annual population figures are available.

The ratio of the population in the SLA to the number of full-time equivalent (FTE) general practitioners (GPs) is used to define areas of workforce shortage.

The ratio of the population to FTE GPs is compared to the national average. An area of workforce shortage is where the ratio of the population to FTE GPs is higher than the national average.

Practices can contact Medicare Australia on email pip@medicareaustralia.gov.au or call the PIP Enquiry Line on 1800 222 032 for advice on whether the practice is located in an area of workforce shortage.

AMS/ACCHS in all urban areas can apply for this incentive.

New practices joining the PIP will be invited by Medicare Australia to apply for the incentive if they are located in an urban area of workforce shortage.

4.2 ELIGIBLE HEALTH PROFESSIONALS

Practices in rural and remote areas can apply for support through the PIP to employ or retain the services of:

- registered nurses; and/or
- enrolled nurses; and/or
- Aboriginal health workers.

In addition to the above, practices in urban areas of workforce shortage and AMS/ACCHS in all urban areas can apply for support through the PIP to employ allied health professionals as listed below instead of, or in addition to, practice nurses and/or Aboriginal health workers.

- Aboriginal health workers
- audiologists
- chiropractors
- diabetes educators
- dietitians/nutritionists
- exercise physiologists
- occupational therapists
- orthoptists
- orthotists/prosthetists
- osteopaths
- physiotherapists
- podiatrists
- psychologists
- social workers
- speech pathologists

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4.3 MINIMUM EMPLOYMENT REQUIREMENTS

The minimum employment requirements of practice nurses, Aboriginal health workers and/or allied health professionals for the PIP Practice Nurse Incentive are dependent on the size of the practice, which is determined by its SWPE value.

Regardless of size, the practice must employ or retain the services of practice nurses, and/or Aboriginal health workers and/or allied health professionals for a minimum of two sessions per week on average over the PIP payment quarter.

A session for the purposes of the PIP Practice Nurse Incentive is a minimum of three and a half hours. The employment requirement increases by one session for each additional 500 SWPEs, rounded down, as shown in Table 1.

TABLE 1

SWPE per practice	Minimum sessions required per week on average over the PIP payment period
0-1499	2
1500-1999	3
2000-2499	4
2500-2999	5
3000-3499	6
3500-3999	7
4000-4499	8
4500-4999	9
5000 or more	10 (full time)

The period of employment is inclusive of all personal and recreation leave. Provision has been made for a 21-calendar day recruitment lag. This means if an employee ceases employment, the practice is allowed 21 calendar days to make other arrangements for a replacement without the practice's PIP quarterly payment being affected.

Medicare Australia advises participating practices of their SWPE level in each quarterly PIP statement. Practices must check the SWPE level in their PIP quarterly statements to be aware of the required number of sessions per week the practice must employ

the practice nurse and/or Aboriginal health worker and/or allied health professional.

The incentive is capped at a maximum of 5,000 SWPEs per practice, which would require a practice to employ or retain the equivalent of one full time person (i.e. 10 sessions per week).

4.4 MINIMUM QUALIFICATIONS OF PRACTICE NURSES AND HEALTH PROFESSIONALS

To be eligible for the PIP Practice Nurse Incentive, eligible practice nurses and/or Aboriginal health workers and/or allied health professionals employed or retained by the practice, must meet the minimum qualifications described below.

- Registered and enrolled* nurses must have current registration with the relevant registration board in the state or territory of the practice and meet minimum specified qualifications and training appropriate to the functions undertaken.
- Aboriginal health workers must hold a Certificate Level III or higher in Aboriginal and Torres Strait Islander Health from a recognised institute**.
- Allied health professionals must hold recognised educational qualifications specific to the position for which they are employed and relevant registration, accreditation or membership with the profession where required. Allied health professionals must not require supervision to undertake clinical tasks for which they are employed or engaged.

*Professional nursing standards require that an enrolled nurse must be supervised by a registered nurse. Supervision may be direct or indirect, but appropriate supervisory arrangements must be in place.

**For a comprehensive list of approved courses and training, please email pip@medicareaustralia.gov.au or contact Medicare Australia PIP Enquiry Line on 1800 222 032.

Practices are not eligible for the PIP Practice Nurse Incentive if they are receiving support to employ or retain a practice nurse and/or Aboriginal health worker and/or allied health professional from state or territory government schemes.

5. HOW DOES OUR PRACTICE APPLY FOR THE PIP PRACTICE NURSE INCENTIVE?

Practices can apply for this incentive through Medicare Australia:

- at the time of joining the PIP by completing the relevant parts of the *Practice Incentives Program and General Practice Immunisation Incentive* application form; or

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- at any time later by completing an individual incentive application form available from Medicare Australia by emailing pip@medicareaustralia.gov.au or by contacting the PIP Enquiry Line on 1800 222 032.

Practices in urban areas of workforce shortage are invited to apply by Medicare Australia and an application form will be sent to the practice.

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

6. WHAT ARE THE OBLIGATIONS OF THE PRACTICE?

The practice must:

- ensure that the practice nurse and/or Aboriginal health worker and/or allied health professional has a clear, unambiguous and agreed role description consistent with the qualifications of the employee and the legislative framework of the state or territory in which they are employed;
- ensure that the minimum qualifications and educational requirements of the practice nurse and/or Aboriginal health worker and/or allied health professional are current at all times and supply relevant documentation confirming this to the DoHA and/or Medicare Australia on request;
- ensure that the employee has support systems, such as access to training and peer mentoring opportunities in place;
- maintain employment records relating to the practice nurse and/or Aboriginal health worker and/or allied health professional, which may be requested by DoHA and/or Medicare Australia to demonstrate employment history;
- check the minimum employment requirements included with each PIP payment statement and notify Medicare Australia within 14 calendar days if the employment period of the practice nurse falls below the minimum requirement during the quarter relating to the PIP payment cycle;
- notify Medicare Australia in writing within 14 calendar days if the practice ceases employing a practice nurse and/or Aboriginal health worker and/or allied health professional. Practices have 21 calendar days to recruit a new practice nurse before payments will be affected;

- provide information to Medicare Australia as part of its ongoing audit program to verify that the practice meets PIP eligibility criteria;
- ensure information provided to Medicare Australia is accurate;
- advise Medicare Australia in writing within 14 calendar days of any changes that may affect the practice's eligibility for PIP payments; and
- 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.

PRACTICE NURSE INCENTIVE » ATTACHMENT A

ROLES AND FUNCTIONS OF PRACTICE NURSES, ABORIGINAL HEALTH WORKERS AND ALLIED HEALTH PROFESSIONALS

PRACTICE NURSE

PROVIDING CLINICAL NURSING SERVICES IN THE GENERAL PRACTICE CONTEXT THROUGH

- triage
- assessment
- therapeutic care and treatment
- diagnostic services
- clinical data management.

COORDINATING PATIENT SERVICES THROUGH

- networking with other services
- integrating service delivery
- planning and managing care
- providing information and feedback between the services, patients and GP
- patient advocacy.

MANAGING THE CLINICAL ENVIRONMENT BY ASSISTING GENERAL PRACTICE TO MEET RELEVANT STANDARDS AND LEGISLATIVE REQUIREMENTS IN

- infection control
- cold chain monitoring
- records management
- occupational health and safety
- accreditation processes.

PROMOTING PATIENT, CARER AND COMMUNITY WELL BEING THROUGH

- health information
- education
- specific programs
- community development
- self care.

SUSTAINING GENERAL PRACTICE BY CONTRIBUTING TO BETTER MANAGEMENT OF HUMAN AND MATERIAL RESOURCES THROUGH

- optimising the use of professional resources
- building the practice base
- building practice capacity to adapt to change
- maximising financial efficiency.

IMPROVING HEALTH OUTCOMES BY CONTRIBUTING TO AND ENHANCING THE MANAGEMENT AND PREVENTION OF ILL HEALTH THROUGH

- health screening
- immunisation
- patient recall
- patient education
- outreach services
- systems management
- acute and chronic-disease management.

ABORIGINAL HEALTH WORKER

- community capacity building – building the knowledge, skills and networks of individuals and communities to enable them to take better care of their own health
- promoting cultural awareness for allied health professionals
- managing and supervising projects and teams
- advocating for the rights and needs of individuals and families
- providing informal training
- developing, evaluating, amending and maintaining the community health profile
- sustaining the Aboriginal Health Service by contributing to better management of human and material resources
- managing a therapeutic environment – assisting Aboriginal Controlled Community Health Services to meet relevant standards and legislative requirements within resource constraints
- coordinating services through networking and integrating service delivery
- improving population health outcomes by participating in screening, immunising and patient recall and education.

PRACTICE NURSE INCENTIVE » ATTACHMENT A

ALLIED HEALTH PROFESSIONAL

From within a professional specific role relating to:

- provision of clinical services to patients on an individual or group treatment basis;
- services that may include secondary preventative/educational intervention for clients with existing conditions;
- services that may include occasional community level health promotion work although it is expected that direct clinical service provision to clients to address existing conditions will be the main workload; and
- case conferencing and care planning.