

Aboriginal and Torres Strait Islander Health Incentives – May 2010

	Item	\$	Explanatory notes
Indigenous Health Practice Incentive Payment (PIP)	Sign-On payment	\$1,000 per practice	<p>A one off payment to practices that join the incentive and agree to undertake the following to improve the provision of care to their Aboriginal and Torres Strait Islander patients with a chronic disease:</p> <ul style="list-style-type: none"> Practice must seek consent to register Aboriginal and Torres Strait Islander patients (regardless of age) who have, or are risk of, chronic disease with Medicare Australia in order to access support through the relevant Indigenous chronic disease package measures. Practice must establish a mechanism to make sure their Aboriginal and Torres Strait Islander patients aged 15 years and over with a chronic disease are followed up (eg. through use of a recall and reminder system or staff actively seeking out their patients to make sure they return for ongoing care) The practice undertakes cultural awareness training within 12 months of joining the incentive. Annotate PBS prescriptions for eligible Aboriginal and Torres Strait Islander patients for the purpose of the Indigenous Chronic Disease Package PBS co-payment Measure.
	Patient Registration Payment	\$250 per patient	<p>Payment available for each Aboriginal and Torres Strait Islander patient aged 15 years and over, registered with the practice for chronic disease management in a calendar year and has:</p> <ul style="list-style-type: none"> Had (or has been offered) the appropriate health check for Aboriginal and Torres Strait Islander Australians (MBS item 715) Has a current Medicare card; and Provided informed consent to be registered for the PIP Indigenous Health Incentive.
	Outcomes payment	\$100 per patient	<p>Payment for each registered patient for whom a target level of care is provided by the practice in a calendar year.</p> <ul style="list-style-type: none"> Develop a General Practice Management Plan (GPMP) (MBS item 721) or coordinate the development of Team Arrangements (TCA) (MBS item 723) for the patient and undertake at least one review of the GPMP or TCA (MBS Item 732) or Undertake two reviews of the patient's GPMP or TCA (MBS Item 732) during the calendar year or Contribute to, or review, a multidisciplinary care plan for a patient in a residential aged care facility (MBS item 731) on two occasions.
	Tier 1: Chronic Disease Management Payment	\$100 per patient	
Tier 2: Total Patient Care Payment	\$150 per patient		<p>To qualify for the Tier 2 payment, the practice must provide the majority of MBS services for the patient (with a minimum of any five MBS services) in the calendar year. This may include the services provided to qualify for the Tier 1 Outcomes Payment.</p>

Registration for the PIP Indigenous Health Incentive and the **PBS Co-payment Measure** are independent of each other. A patient can choose to participate in the PBS Co-payment Measure and choose not to participate in the PIP Indigenous Health Incentive or vice versa. Practices should note that patients registered for the PBS Co-payment Measure only will not attract a patient registration payment.

Eligibility for the PBS Co-payment Measure. The patient must:

- Identify as being of Aboriginal and/or Torres Strait Islander origin;
- Present with an existing chronic disease or chronic disease risk factor;
- In the opinion of the doctor, be likely to experience setbacks in the prevention or ongoing management of chronic disease if they did not take the prescribed medicine;
- Be unlikely to adhere to their medicines regimen without assistance through this measure.

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Health Assessment	Available to all people of Aboriginal and Torres Strait Islander descent who fall into the following age categories:	Item 715 \$196.65	Claim once only in a 9 month period.	
	<ul style="list-style-type: none"> ▪ A child who is less than 15 years old; or ▪ A person aged between 15 and 54 years; or ▪ An older person aged 55 years and over 		<p>A health assessment means the assessment of a patient's health and physical, psychological and social function and consideration of whether preventive health care and education should be offered to the patient, to improve the patient's health and physical, psychological and social function.</p> <p>Specific requirements for each Health Assessment aged category can be found in the explanatory notes for Item 715 at www.health.gov.au/MBSOnline.</p> <p>A health assessment should generally be undertaken by the patient's 'usual doctor'.</p> <p>Practice nurses and registered Aboriginal health workers may assist medical practitioners in performing the health assessment, in accordance with accepted medical practice and under the supervision of the medical practitioner. This may include activities associated with:</p> <p>(a) Information collection; and (b) Providing patients with information about recommended interventions at the direction of the medical practitioner.</p> <p>All other components of the health assessment must include a personal attendance by a medical practitioner.</p> <p>Item 10990 or 10991 (bulk billing incentives) can be claimed in conjunction with any health assessment provided to an Aboriginal and Torres Strait Islander person, provided the conditions of item 10990 and 10991 are satisfied.</p>	
Follow up services	Follow up provided by a Practice Nurse or registered Aboriginal health worker, for and on behalf of the medical practitioner.	Item 10987	<ul style="list-style-type: none"> • For patients that have received a Health Assessment (Item 715) • 5 services claimable per patient per calendar year. 	
Access to Allied Health	People of Aboriginal or Torres Strait Islander descent that have had a health assessment.	Up to 5 individual services per calendar year \$50.05 (min 20 mins) per visit	<ul style="list-style-type: none"> • GP must refer using an approved referral form. • Services can be made up of one service type or a combination of services, if all services are not used during the calendar year in which the patient was referred, the unused services can be used in the next calendar year. • GP must have completed a health assessment (Item 715) <p><i>NB: these services are in addition to the five individual services for patients with a chronic medical condition and complex care needs who are on a GPMP or TCA.</i></p>	<p>Eligible Allied Health Professionals (need to be registered with Medicare Australia)</p> <p>Aboriginal Health Worker Audiologist Chiropractor Credentialed Diabetes Educator Dietitian Occupational Therapist Osteopath Physiotherapist Podiatrist Psychologist Speech Pathologist Exercise Physiologist Mental Health Worker</p>
	Patients (including people of Aboriginal or Torres Strait Islander descent) who have a chronic medical condition and complex care needs.	Up to 5 individual services per calendar year \$50.05 (min 20 mins) per visit	<ul style="list-style-type: none"> • GP must have completed GP Management Plan (item 721) or review item (732) AND Team Care Arrangement (Item 723 or review item 732) in the past 2 years. • GP must refer using an approved referral form. <p>Must be a two-way communication. Preferably telephone or face to face, or it can be via an exchange of faxes or email.</p>	