

General Practice in Aged Care Incentive

13 August 2024
Royal Australian College of General Practitioners



General Practice in Aged Care Incentive

- Policy intent
- Design process
- Incentive overview
- Roles and benefits
- Accessing the incentive
- Support available



Policy background



Royal Commission into Aged Care Quality and Safety (Mar 2021)

- Found Residential Aged Care Home residents faced barriers in accessing timely and high-quality care from GPs
- Recommended a new model of primary care to encourage holistic, coordinated and proactive health care

Strengthening Medicare Taskforce Report (Dec 2022)

- Recommended introduction of blended funding models integrated with fee-for-service and incentives that better promote quality bundles of care for people who need it most.

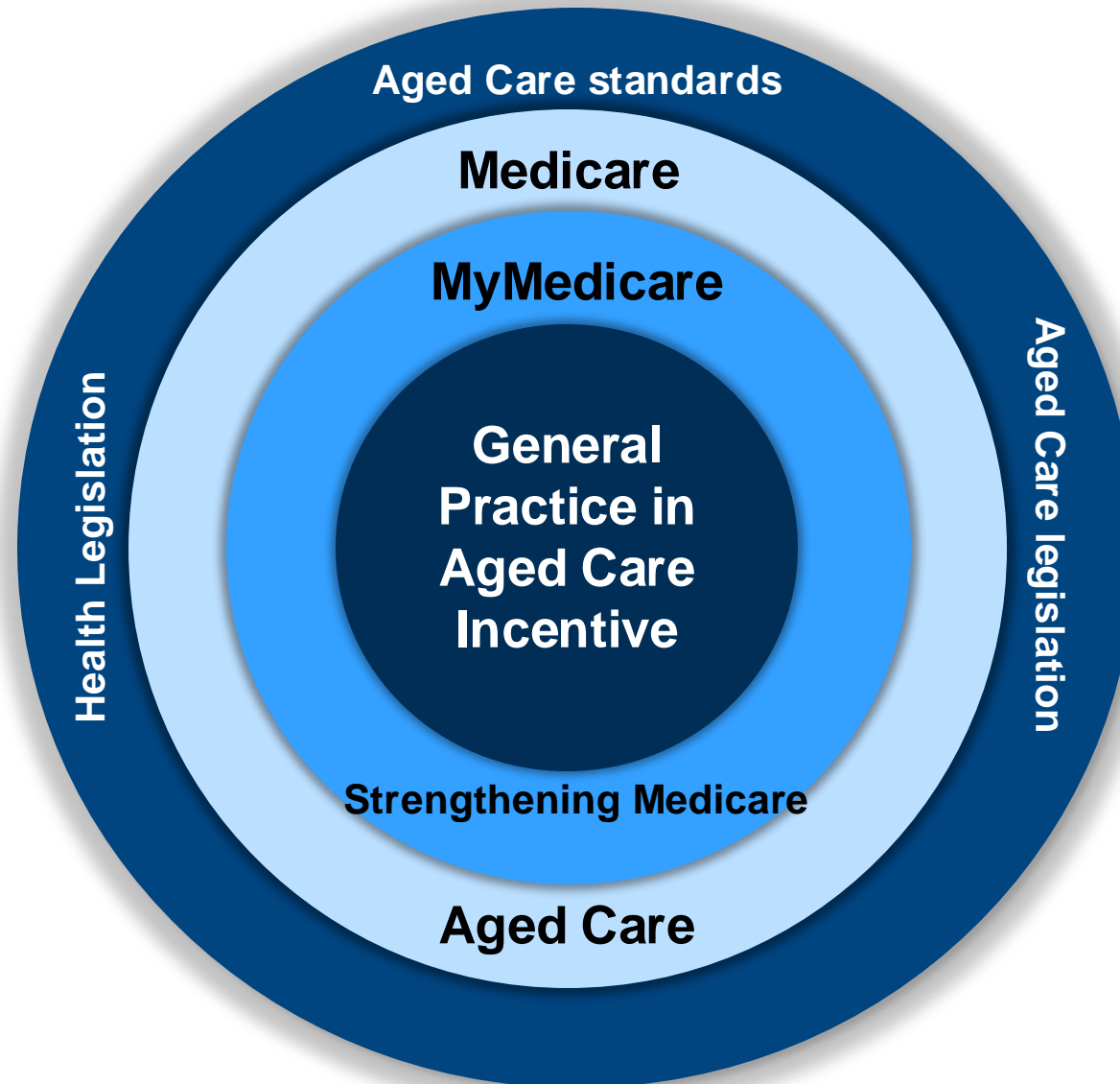
The General Practice in Aged Care Incentive aims to:

Increase **access** to primary care for people living in residential age care homes

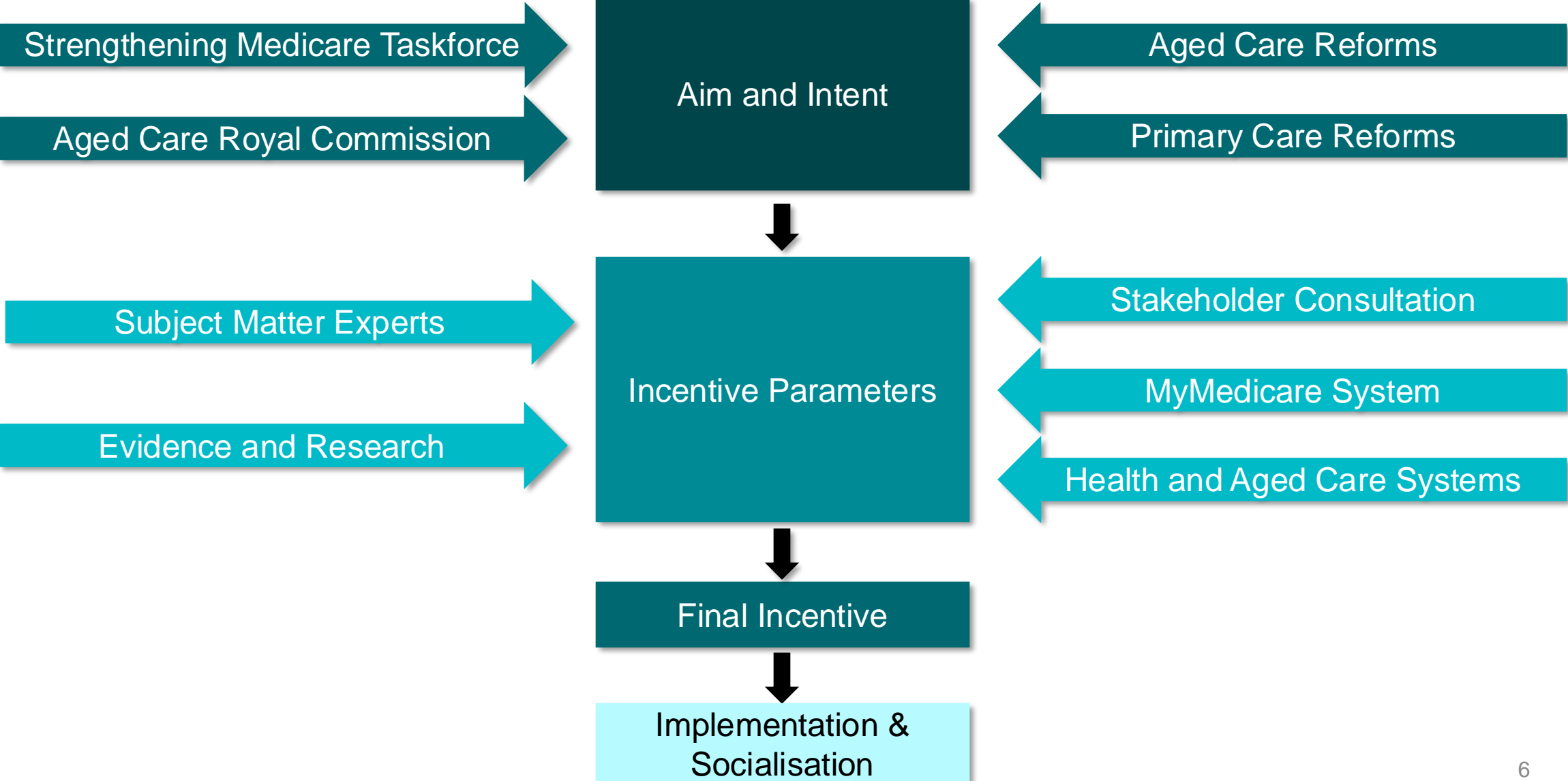
Support the delivery of **planned, proactive** and **regular care**



Policy environment



Design process



Stakeholder consultation

To design the incentive, a range of stakeholders were consulted, including:

- Royal Australian College of General Practitioners
- Australian Medical Association
- Rural Doctors Association
- National Aboriginal Community Controlled Health Organisation
- Australian Association of Practice Management
- Primary Care Business Council

The incentive responds to stakeholder consultation through:

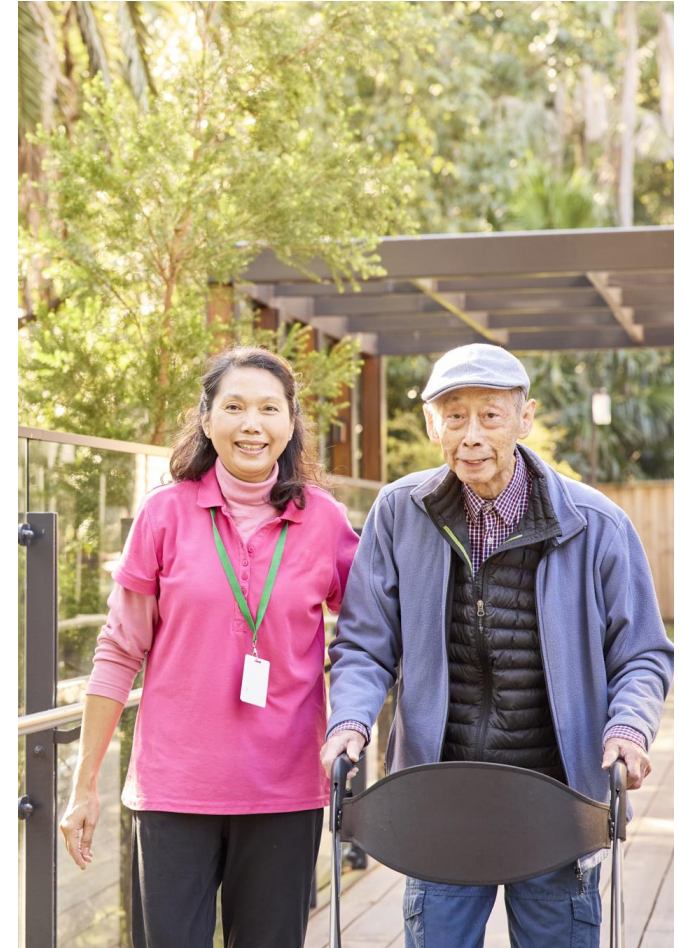
- flexibility for rural and remote locations
- Support for team-based care
- Range of eligible service items
- Focus on care planning items

Difference from earlier incentives

The General Practice in Aged Care Incentive is a fundamentally different incentive structure from previous incentives

Key differences include:

- No cap on incentive payments
- Additional benefits under MyMedicare – rural loadings and triple bulk billing
- A shift away from volume-based incentive to one that incentivises proactive, planned and continuous care
- A team-based approach to care



Incentive overview

Responsible providers* and practices registered in MyMedicare will receive incentive payments

\$300 per patient, per annum, paid to the responsible provider*

\$130 per patient, per annum, paid to the practice

For delivering at least **10 eligible services** comprising:

8 regular visits

- 2 per quarter
- Attendance at a residential aged care home (Levels B - E consultations or equivalent)
- After hours services
- Nurse Practitioner services
- Practice nurse and Aboriginal and Torres Strait Islander Health Practitioner services



2 care planning items

- Includes 2 from the below:
- Comprehensive medical assessment
 - Contribution to, or review of, multidisciplinary care plan
 - Multidisciplinary care conference (GP arranged or participated)
 - Residential Medication Management Review

*Responsible providers are medical practitioners who hold an eligible speciality code and are responsible for coordinating the delivery of eligible services to the registered patient.

Key incentive parameters

Care Teams

- One regular visit per quarter can be delivered by a member of the patient's care team
- Care teams can include alternative GP, GP registrar, nurse practitioner, practice nurse and Aboriginal and Torres Strait Islander health practitioner or worker

Triple Bulk Billing

- Triple bulk billing incentive for longer MBS telehealth consultations (Levels C, D and E) for pensioners, and concession card holders.

Rural Loadings

- In Modified Monash Model regions 3 to 7, rural loadings will apply to both payments

MM3	20%
MM4	30%
MM5	30%
MM6	50%
MM7	50%

Telehealth

- In Modified Monash Model 4 to 7, up to 4 regular visits can be delivered via telehealth

Preferred GP vs Responsible Provider

Preferred GP

- The preferred GP is the person chosen by the patient when registering for MyMedicare.
- Practices are encouraged to select the patient's MyMedicare preferred GP as their responsible provider.
- This might not be possible in some instances

Responsible provider

- A 'responsible provider' is a medical practitioner who holds an eligible speciality code, as outlined in the program guidelines.
- This practitioner is responsible for coordinating the delivery of eligible services to the registered patient as part of the General Practice in Aged Care Incentive.
- This includes services they deliver or that are provided by other healthcare professionals at the practice.

What happens from 1 July to 30 September 2024

- The General Practice in Aged Care Incentive is delivered on financial year quarters (July–Sept, Oct–Dec, Jan–Mar, Apr–June). 1 July to 30 September 2024 is the first quarter to deliver eligible services for the incentive.
- Registration can occur any time in the quarter. The MyMedicare system will recognise any eligible services delivered within that quarter once you have registered as it will recognise the eligible MBS items.

Example

- The practice indicated the patient will participate in the incentive in MyMedicare on 15 August 2024.
- For this patient, the 12-month patient care period is 1 July 2024 to 30 June 2025.
- Payment would be made in October 2024, as servicing requirements were met during the quarter.


	July 2024	August 2024	September 2024	October 2024
Activity	Attended a residential aged care home (D consultation)	Patient is linked to the practice and responsible provider. Provided a comprehensive medical assessment <i>N.B. could be provided in a different quarter</i>	Provided a practice nurse consultation	Payment received for 1 July to 30 September 2024 quarter

Payment eligibility

Quarter 1
Jul - Sep

✓

Meet the eligibility criteria




- 2 eligible services in the assessment quarter, in separate calendar months

Quarter 2
Oct - Dec

✓

Meet the eligibility criteria




- 2 eligible services in the assessment quarter, in separate calendar months

Quarter 3
Jan - Mar

✓

Meet the eligibility criteria




- 2 eligible services in the assessment quarter, in separate calendar months

Quarter 4
Apr - Jun

✓

Meet the eligibility criteria



- 2 eligible services in the assessment quarter, in separate calendar months
- 8 eligible regular services over the 12-month assessment period and
- 2 eligible care planning items over the 12-month assessment period

This is an indicative example only.

Fees and disbursements



The practice and responsible provider have the discretion to determine:

- fees and charges for patients
- whether the incentive payments are to be distributed to alternative providers or provide a contribution to the funding of other positions within the care team.

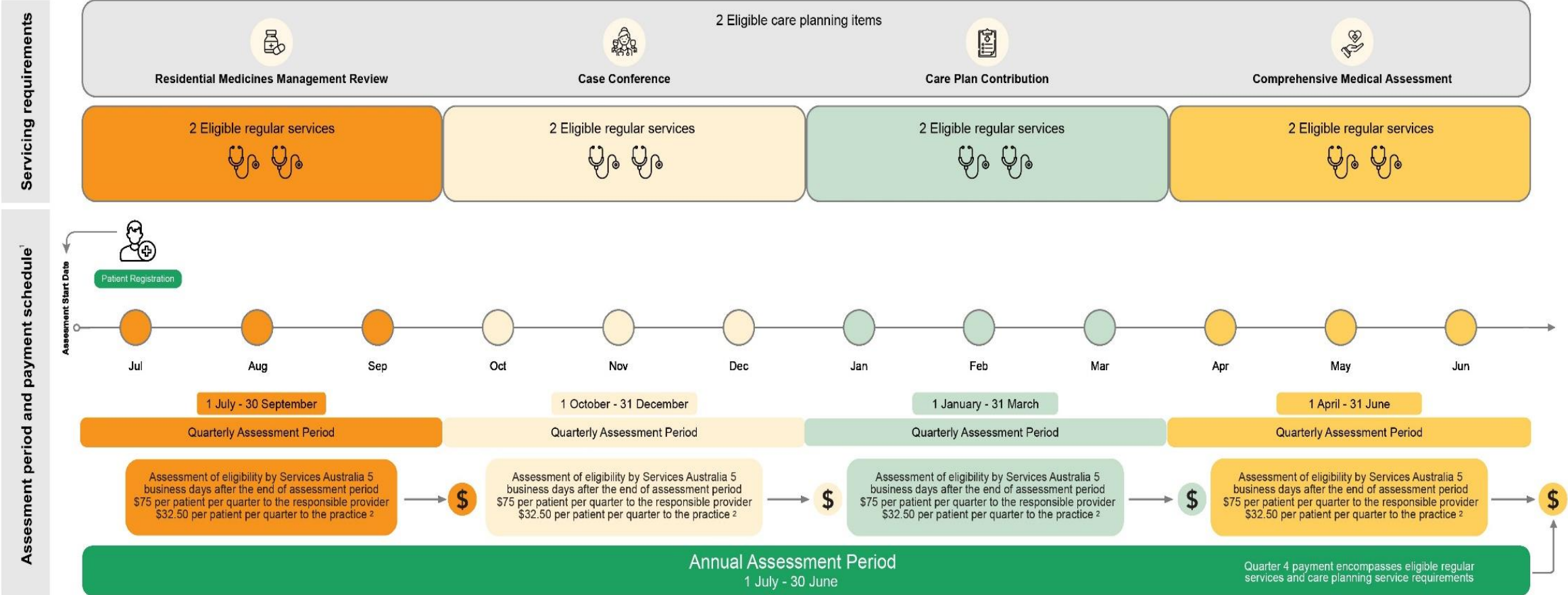
Practices and GPs should consider and agree the practice service delivery model for residential aged care, including fees and charges policy and internal disbursement arrangements as appropriate.

Benefits of GP participation

- Payments for reviewing their patients in an aged care home, rather than at their practice
- Establishment of formal relationships between patient, GP, practice and other members of a patient's care team
- If with a practice – ability to provide a multi disciplinary approach



Incentive structure



1 - The 12 month assessment periods are dependent on each patient's quarterly assessment start date
2 - Rural loading to be applied

Roles and responsibilities of GPs and the care team



The role of GPs, nurses and allied health practitioners is to provide a more coordinated, multidisciplinary, and integrated service for people living in aged care homes.

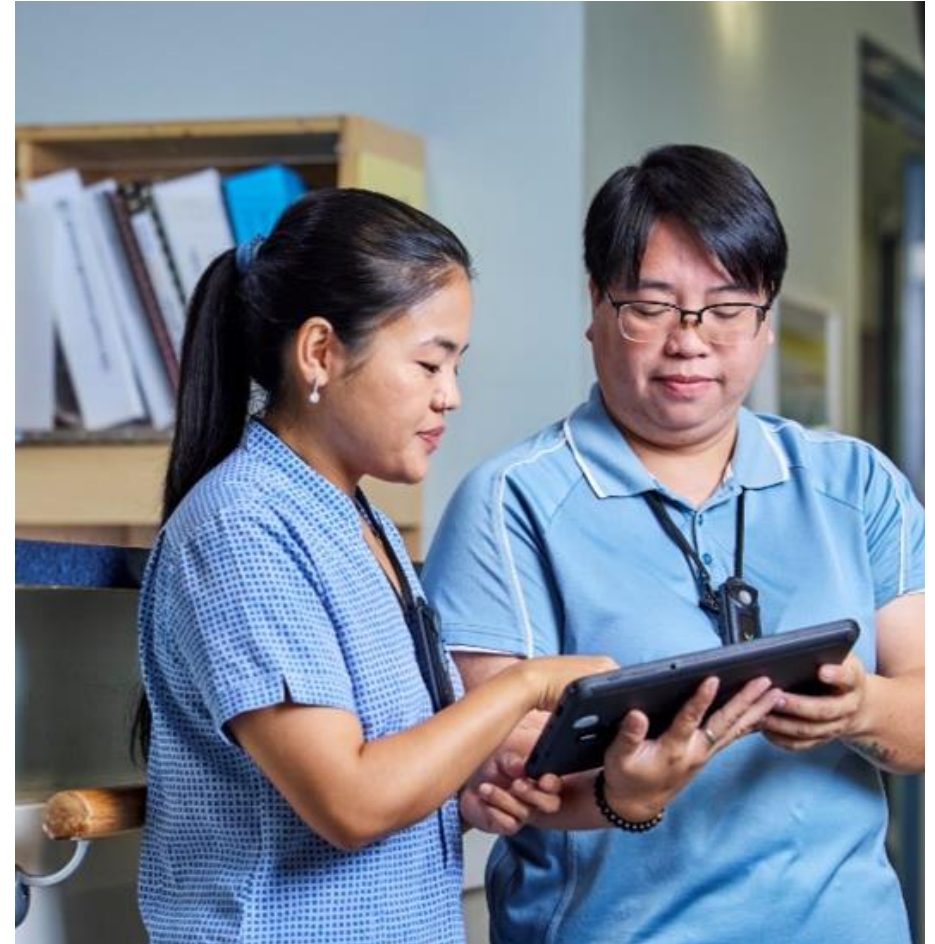
To participate in the incentive and receive the payments, GPs are responsible for:

- meeting the MyMedicare eligibility criteria and ensuring that they have been registered as a responsible provider MyMedicare
- delivery of eligible services to the patient, including coordinating services provided by the care team.

Roles and responsibilities of practices

To participate and receive the payment, practices are responsible for:

- understanding the eligibility criteria for becoming an accredited practice under MyMedicare, and seeking accreditation if necessary
- registering for MyMedicare in the Organisation Register
- adding the practices bank details in MyMedicare
- supporting eligible GPs to register with MyMedicare
- supporting GPs and other members of a practice to deliver eligible services
- developing systems that provide administrative support to the incentive including payment triggers and MBS item numbers
- adding the incentive indicator to the patients MyMedicare profile
- linking a responsible provider to a patient.



Roles and responsibilities of other stakeholders

People at the centre

- Residents wishing to receive services under the incentive need to register with MyMedicare

Primary Health Networks (PHNs)

- Communicating with GPs and practices, promoting the incentive and encouraging uptake
- Supporting interested or participating GPs and practices to implement the incentive
- Facilitating improved care processes between GPs and practices and aged care homes to ensure the provision of proactive, planned and continuous care

Accessing the incentive

The resident, the practice and the provider need to be registered for MyMedicare to access the incentive.



Resident registers for MyMedicare

Residents can sign up to MyMedicare online, via the mobile app or through a paper form



Practices register patients for the incentive

Practices will register patients for the incentive through their system. Guidance for practices is available from Services Australia



GPs and their care team begin delivering eligible services

It is up to the practice and GPs if they wish to participate in the General Practice in Aged Care Incentive

MyMedicare registration – Practices

General Practices must :

- provide Medicare-funded services
- be registered in Services Australia systems
 - Provider Digital Access (PRODA)
 - Health Professional Online Services (HPOS)
 - the Organisation Register
- have at least one eligible GP linked to the Practice in Organisation Register
- add banking details
- be accredited against the [National General Practice Accreditation Scheme](#)

An accreditation exemption is available until 30 June 2025. This is available to non-accredited practices (including sole providers) who deliver general practice services entirely through mobile and outreach models

MyMedicare registration – Providers / GPs

Providers / GPs must :

- Work at a MyMedicare eligible practice
- Be linked to the Practice on the Organisation Register
- Have a valid provider number and be eligible to deliver Medicare Benefits Schedule (MBS) or Department of Veterans' Affairs equivalent services.
- Add banking details

Vocationally registered GPs, non-vocationally registered GPs and GP registrars are all eligible to be selected as a patient's preferred GP.

MyMedicare registration – Sole providers

For the purposes of MyMedicare, a sole provider is a GP delivering primary healthcare services as an individual and claiming MBS items.

A sole provider can register using their sole provider organisation information i.e. Business name as registered with the Australian Business Register, in response to the fields relating to General Practice registration in the [Organisation Register](#).

The independent GP or sole provider can link themselves in the Organisation Register if they are a vocationally registered GP, a non-vocationally registered GP, or a GP registrar.

An accreditation exemption is available until 30 June 2025 for non-accredited practices (including sole providers) who deliver general practice services entirely through mobile and outreach models.

Support materials

Program Guidelines

Detailed eligibility and payment requirements

Health.gov.au
July 2024

Services Australia Education Resources

Education resources on use of the MyMedicare system

servicesaustralia.gov.au
July 2024

Information Toolkits

Toolkits and resources support practices, providers, PHNs, and residential aged care homes to deliver best practice care under the Incentive

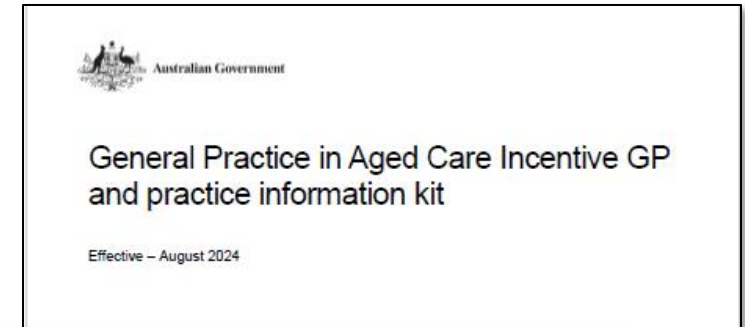
Health.gov.au
August 2024

GP and Practice Information Kit

An information kit for GPs and practices will be published in the coming days

The information kit includes information and a range of resources to support understand and participate in the incentive.

Tools have also been developed to help the delivering services as part of the incentive, including a **patient front sheet** and **patient tracking spreadsheet**.



General Practice in Aged Care Incentive Patient Front Sheet

Instructions: The purpose of this tool is to provide a snapshot of where the patient is in relation to General Practice in Aged Care Incentive service requirements. Complete the checklist at the top of the form to record eligibility requirements and confirm linkages to Services Australia systems have been completed. When an eligible service requirement is provided simply click the checkbox under the relevant service within the relevant quarter.

Responsible provider name: Patient family name: Patient DOB:
MyMedicare registration status: Aged care home name:
Patient GP/ACI indicator on MyMedicare profile: MyMedicare registration date:
Patient linked to responsible provider: Assessment start date:

Service delivery month	Quarterly Service	Residential Medication Management Review	Comprehensive Medical Assessment	Case Conference	Review/Contribution of care plan
General Practice Aged Care Requirement	At least 2 qualifying services a quarter in separate calendar months	At least two of the above services over the annual assessment period			
	Responsible provider	Practice Team Member	Date of most recent service	Date of most recent service	Date of most recent service
1					
2					
3					
4					
5					
6					
7					
8					

General Practice in Aged Care Incentive Monitoring and Tracking Spreadsheet

First Name	Last Name	Date of Birth	Gender	RACH Name	Aged Care	Responsible Provider No	MyMedicare Requirements				Care Planning Services Requirements				Quarter 1 Requirements		Quarter 2 Requirements		Quarter 3 Requirements		Quarter 4 Requirements	
							MyMedicare	Residential Medication Management	Comprehensive Medical Assessment	Case Conference	Residential Medication Management	Comprehensive Medical Assessment	Case Conference	Review/Contribution of Care Plan	Responsible Provider Regular Visits	Responsible Provider Regular Visits	Responsible Provider Regular Visits	Responsible Provider Regular Visits				

Tracking patients

General Practice in Aged Care Incentive Patient Front Sheet

Instructions: The purpose of this tool is to provide a snapshot of where the patient is in relation to General Practice in Aged Care Incentive service requirements. Complete the checklist at the top of the form to record eligibility requirements and confirm linkages to Services Australia systems have been completed. When an eligible service requirement is provided simply click the checkbox under the relevant service within the relevant quarter.

Patient given first name: Patient family name: Patient DOB:

Responsible provider name: Aged care home name:

MyMedicare registration status: MyMedicare registration date:

Patient GPACI indicator on MyMedicare profile: Patient linked to responsible provider: Assessment start date:

Service delivery month	Quarterly Service		Residential Medication Management Review	Comprehensive Medical Assessment	Case Conference	Review/Contribution of care plan
	At least 2 qualifying services a quarter in separate calendar months		At least two of the above services over the annual assessment period			
	Responsible provider	Practice Team Member	Date of most recent service	Date of most recent service		Date of most recent service
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Click on the checkbox in the month completed	Click on the checkbox in the month completed	Click on the checkbox in the month completed	Click on the checkbox in the month completed

Tracking patients – in HPOS

Eligible and Not eligible patients

The Eligible patients and Not eligible patients screens include:

- Patient name & card number (Medicare Card Number - Individual Reference Number)
- Date of birth
- Incentive registration date
- Assessment type (e.g. quarterly or annual care)
- Number of eligible service items provided
- Reason not eligible (Not eligible patients tab only)
- Action (View details).

You can find out more about the services that were delivered to an individual patient by selecting **View details**.

Eligible patients		Not eligible patients			
Patient name & card no	Date of birth	Incentive registration date	Assessment type	Eligible service items	Action
SANDY KNIGHTS 1234567891-1	10/10/1980	1/07/2022	Quarterly	2	View details
EMILY EXAMPLE 1234567891-2	10/10/1990	1/07/2022	Quarterly	3	View details

Eligible patients		Not eligible patients				
Patient name & card no	Date of birth	Incentive registration date	Assessment type	Eligible service items	Reason not eligible	Action
JOHN CITIZEN 1234567891-4	10/10/1980	1/07/2022	Quarterly	0	<ul style="list-style-type: none">• Minimum required regular services are not met• Minimum required regular care services are not delivered by responsible providers	View details
PETA PATIENT 1234567891-3	10/10/1990	1/07/2022	Quarterly	0	<ul style="list-style-type: none">• Minimum required regular services are not met• Minimum required regular care services are not delivered by responsible providers	View details

Clicking on view details displays more information about the services delivered to an individual patient.

Curated list of resources for the systems



Organisation Register

- Register in Org Register - [ORGREGM01_1 Setting up the Organisation Register for program use](#)
- All learning resources for Org Reg - [Organisation Register - Health Professional Education Resources](#)



Provider Digital Access (PRODA)

- All PRODA content [PRODA - eLearning - Health Professional Education Resources](#)
- [PRODAM01_1-How to create a Provider Digital Access \(PRODA\) account](#)
- [PRODAM04 - How to register for an organisation](#)



Health Professional Online Systems (HPOS)

- All HPOS content [Health Professional Online Services \(HPOS\) - Health Professional Education Resources](#)



MyMedicare

- Register patients for MyMedicare and the incentive - [MYMEDM02-Managing patient registrations](#)
- Track patients in the incentive - [MYMEDM03-MyMedicare - General Practice in Aged Care Incentive](#)

Contact & further information

Support with signing up to MyMedicare

- If you want support to sign up to MyMedicare, you can call Services Australia **132 011**
- If you want support from the Department of Veterans' Affairs (DVA), you can call **1800 838 372**

Other enquiries

- For other enquiries about MyMedicare and the General Practice in Aged Care Incentive, you can send us an email mymedicare@health.gov.au

Information online

- You can visit our website: www.health.gov.au/mymedicare
- You can find out more on the Services Australia website: www.servicesaustralia.gov.au/register-for-mymedicare?context=22751#a3

Questions

