



Australian Government
Department of Health

Practice Incentives Program Quality Improvement Incentive Guidelines

Acknowledgement

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Preferred citation: Department of Health. Author. Practice Incentives Program Quality Improvement Incentive Guidelines Canberra: Australian Government Department of Health; 2019.

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These guidelines are for information purposes and provide the basis upon which Practice Incentive Program Quality Improvement Incentive payments are made. While it is intended that the government will make payments as set out in these guidelines, the making of payments is at its sole discretion. The government may alter arrangements for the Practice Incentive Program at any time and without notice. The Government 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.

Introduction

The Practice Incentives Program (PIP) Quality Improvement (QI) Incentive is a payment to general practices that participate in quality improvement to improve patient outcomes and deliver best practice care.

About the PIP QI Incentive

Under the PIP QI Incentive, general practices work with their local Primary Health Network (PHN) to undertake continuous quality improvement activities through the collection and review of practice data on specified Improvement Measures.

Aboriginal Community Controlled Health Services (ACCHS) and other organisations funded under the Indigenous Australians' Health Programme (IAHP) already have a well-established system of using primary health data to undertake quality improvement activities. These activities help improve the delivery of primary health care for Aboriginal and Torres Strait Islander people. For the purposes of the PIP QI Incentive, IAHP funded organisations will continue to provide data against the [Aboriginal and Torres Strait Islander National Key Performance Indicators \(nKPIs\)](#), within their existing arrangement with the Department of Health.

Quality improvement in general practice

Quality improvement is foundational to contemporary high performing primary care. It includes team based approaches, peer review, reflective practice, best practice, and data analysis. It can improve uptake of evidence-based practices for better patient outcomes, better professional development, and better system performance.

The Royal Australian College of General Practitioners defines continuous quality improvement as an ongoing activity undertaken within a general practice with the primary purpose to monitor, evaluate or improve the quality of healthcare delivered to practice patients.

A general practice will need to meet **two components** to qualify for a PIP QI Incentive payment.

1. Participation in continuous quality improvement activities

The PIP QI Incentive rewards practices for participating in continuous quality improvement activities in partnership with their local PHN.

Practices may focus their quality improvement activities on the specified Improvement Measures. There are no prescribed targets associated with any of the Improvement Measures. Alternatively, practices may focus their quality improvement activities on any other areas informed by their clinical information system data that meet the needs of their practice population.

PHNs already work with many general practices to support quality improvement. This includes the collection and review of clinical data to inform quality improvements in health care, and adoption of best practice methods.

IAHP funded organisations will meet this requirement by continuing to undertake quality improvement activities in line with their existing arrangement with the Department of Health.

Use the [PHN Contacts](#) to identify the local PHN for your area.

2. PIP Eligible Data Set

The PIP Eligible Data Set is the data collected against the specified Improvement Measures.

This data set must be managed in accordance with the PIP Eligible Data Set Data Governance Framework. After PIP QI Incentive registration the data set must be electronically submitted to a general practice's local PHN on a quarterly basis within the data submission period. PHNs will provide feedback to help general practices identify priority areas and continuous quality improvement activities.

Participation in the PIP QI Incentive does not change existing data ownership arrangements of patient data. This means the Department of Health will not have access to an individual general practice's PIP Eligible Data Set.

A set of ten Improvement Measures has been developed based on the [nKPIs](#) and adapted for broader use across all general practices.

The ten Improvement Measures do not assess an individual general practice or General Practitioner performance. They represent key health priority areas, including those chronic diseases which reflect the highest areas of disease burden for the Australian population, and their associated risk factors. Data collected through the PIP QI Incentive will be used to benefit patients directly at the practice level and to inform PHN regional planning and contribute to national health policy.

ACCHS and other IAHP funded organisations will meet this requirement by continuing to report on the [nKPI](#) data.

Read more about the [Improvement Measures](#).

PIP Eligible Data Set Data Governance Framework

The PIP Eligible Data Set Data Governance Framework is a principles based Framework that details the roles and responsibilities of all data custodians involved in the management of the PIP Eligible Data Set. The data set must be managed in accordance with the Framework.

Read more about the [PIP Eligible Data Set Data Governance Framework](#).

Eligibility

To be eligible to receive a PIP QI payment general practices **must**:

- be eligible for the PIP
- register for the PIP QI Incentive
- electronically submit the PIP Eligible Data Set to their local PHN quarterly
- undertake continuous quality improvement activities in partnership with their local PHN.

To be eligible to receive a PIP QI payment ACCHS and other IAHP organisations **must**:

- be eligible for the PIP
- register for the PIP QI Incentive
- report on the [nKPIs](#) to the Department of Health
- undertake quality improvement activities within their existing arrangement with the Department of Health.

ACCHS and other IAHP funded organisations may choose to share data with their local PHN. However, they don't need to do this in order to receive the PIP QI Incentive payment. They are not required to report on the ten Improvement Measures.

Payments

The PIP QI Incentive is administered by the Department of Human Services (Human Services). Human Services will make the PIP QI payment quarterly to the nominated bank account of the practice.

Eligible practices can receive a maximum payment of \$12,500 per quarter, based on \$5.00 per Standardised Whole Patient Equivalent, per year. In order to receive a payment general practices must have submitted their quarterly data at least once during the data submission period for that quarter. ACCHS and other IAHP organisations will provide [nKPI](#) data within their existing arrangement with the Department of Health.

Table 1: Reference periods with corresponding data submission periods and payment months

Reference period	Data submission period	Payment month
1 August to 31 October	1 August to 15 October	November
1 November to 31 January	1 November to 15 January	February
1 February to 30 April	1 February to 15 April	May
1 May to 31 July	1 May to 15 July	August

Applying

General practices, ACCHS and other IAHP organisations may apply for the PIP QI Incentive online through Health Professional Online Services (HPOS) using their Provider Digital Access (PRODA) account. Read more at humanservices.gov.au/hpos.

Withdrawing

General practices, ACCHS and other IAHP organisations can withdraw from the PIP QI Incentive online through HPOS by the data submission period end date for the relevant quarter. General practices, ACCHS and other IAHP organisations can re-apply at any time for the PIP QI Incentive online through HPOS.

Obligations

General practices, ACCHS and other IAHP organisations need to:

- give information to Human Services as part of the ongoing annual confirmation statement process to make sure the practice has met the PIP eligibility requirements
- give information to the Department of Health as part of the ongoing audit process to verify that the practice has met eligibility requirements
- make sure all information provided to Health and Human Services is correct
- write to Human Services if there are changes to practice arrangements by the data submission period end date
- nominate an authorised contact person who can act on your behalf to confirm changes for PIP claims and payments.

Rights of review

The PIP has a review of decision process for program decisions. To ask for a review of a decision, the authorised contact person or owners of the practice must complete the [Practice Incentives Review of decision form \(IP027\)](#).

The authorised contact person or owners of the practice need to submit the completed form to Human Services **within 28 days** of receiving the reviewable decision.

Human Services will review the decision and write to the authorised contact person or owners of the practice about the outcome.

Audits

The Department of Health conducts audits of PIP practices to ensure they're meeting the requirements outlined in these guidelines. The audit may include reviewing practice documentation. If requested, practices must provide evidence to support eligibility and claims for payment.

If a practice doesn't meet all eligibility requirements they won't receive a PIP QI Incentive payment.

Practices must retain practice documentation for 6 years in case they are selected for an audit.

Human Services may recover payments if practices can't provide evidence of meeting the eligibility requirements or evidence to substantiate claims.

For more information on PIP audit processes and procedures please read the [Practice Incentives Program guidelines](#).

More information

go to the Human Services website at humanservices.gov.au/pip

call Human Services on 1800 222 032 (call charges may apply)

email Human Services at pip@humanservices.gov.au