

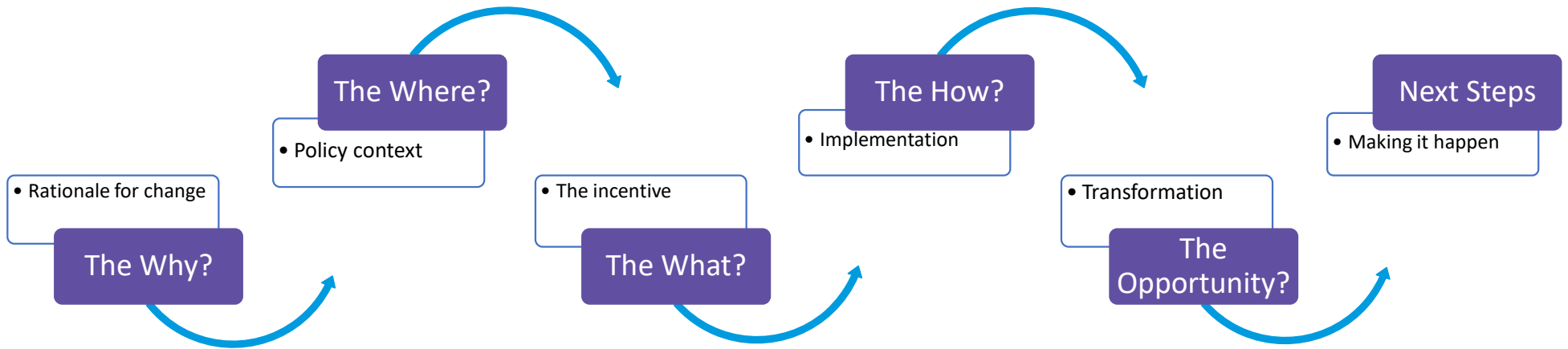
Presenter

- Director and GP Principal of Prestantia Health and Next Practice Deakin
- Adj Prof: University of Canberra and UNSW
- GP Specialist Advisor, PHC - NSW Agency for Clinical Innovation
- Member:
 - RACGP Expert Committee - Quality Care
 - DOHAC, Aged Care Advisory Council
 - National Standing Committee Quality Care (NSC-QC)
 - PICO and MSAC
 - National Evaluation of Urgent Care Clinics

Dr Paresh
Dawda



Agenda



The Why?

Rationale for the General Practice in Aged Care incentive?

The need for change



The Royal Commission into Aged Care Quality and Safety recommended the development of a new model of primary care to:

'encourage the provision of holistic, coordinated and proactive health care for the growing complexity of the needs of people receiving aged care'.

Recommendation 56. Final Report: Care, Dignity and Respect.
Royal Commission in Aged Care Quality and Safety. 2021

<https://www.royalcommission.gov.au/system/files/2021-03/final-report-recommendations.pdf>

The current experience

- Untimely and difficult access to GPs and to establishing a relationship
- GPs of choice don't always attend aged care homes
- Transport barriers to accessing community-based health services
- Assumptions that aged care providers can provide health care
- Structural discrimination
- Positive experiences with in-house solutions e.g. mobile dental services, GP clinics, pharmacists



What is the General Practice in Aged Care Incentive?

The incentive:

- commenced 1 July 2024
- aims to enhance delivery of coordinated quality health care in residential aged care homes
- responds to the Royal Commission into Quality and Safety in Aged Care and Strengthening Medicare Taskforce



Why is the incentive important?



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Residents in aged care homes have:

- complex health care needs
- a risk of avoidable hospital visits
- equal rights to health care
- Experiences of substandard health care

Regular general practice care results in better health outcomes

The Where?

Where does the General Practice in Aged Care Incentive sit in the national policy context?

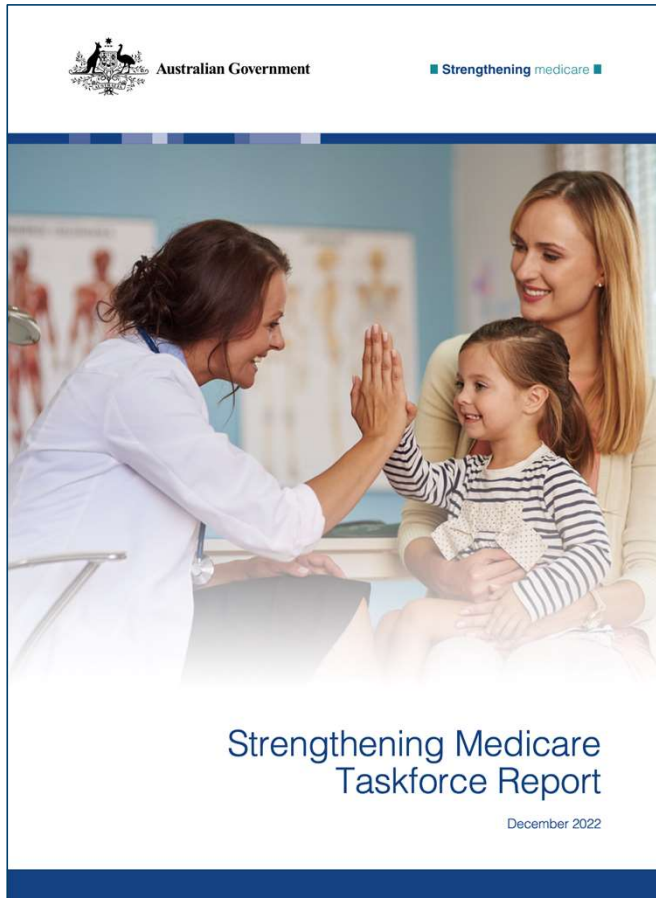
Aged Care quality standards

The General Practice in Aged Care Incentive complements the:

- Aged Care Quality and Safety Commission's Aged Care Quality Standards
- Department of Health and Aged Care National Aged Care Mandatory Quality Indicator Program (QI Program)
- RACGP Aged Care Clinical Guide (Silver Book) Fifth Edition



Strengthening Medicare



Increasing access to primary care

All Australians are supported to be healthy and well, through access to equitable, affordable, person-centred primary care services, regardless of where they live and when they need care, with financing that supports sustainable primary care, and a system that is simple and easy to navigate for people and their health care providers.



Encouraging multidisciplinary team-based care

Coordinated multidisciplinary teams of providers working to their full scope of practice provide person-centred continuity of care, including prevention and early intervention; and primary care is incentivised to work with other parts of the health system, with appropriate clinical governance, to reduce fragmentation and duplication, and deliver better health outcomes.



Modernising primary care

Data and digital technology are better used to inform value-based care, safely share critical patient information to support better diagnosis and healthcare management, empower people to participate in their own healthcare, and drive insights for planning, resourcing and continuous quality improvement.



Supporting change management and cultural change

The primary care sector is well supported to embrace organisational and cultural change, and drive innovation; consumers are empowered to have a voice in the design of services to ensure they are fit-for-purpose to meet people's needs, particularly for priority groups; and all levels of government work together to ensure the benefits of reform are optimised.

Patient Registration

Continuity of care saves lives

A foundation for achieving the essential elements of a high performing health system, including access and equity

Embeds the role of GPs and primary care into the whole system

Provides the structure for system-wide reform that will support a shift from episodic care towards longitudinal, preventative, multi-disciplinary team-based models of care.

A platform for coordinated, integrated and digitally enabled health care and for funding reform to minimise waste and improve the cost-effectiveness of the health system.

Underpins the model of care that patients want and expect.



reinforces continuity of care between accredited general practices and their patients

provides a framework of quality and safety for general practice and lays the foundations for future general practice funding reform.

Department of Health and Aged Care, 2023

The What?

What is the General Practice in Aged Care Incentive?
How is it different?
Who does it benefit?

General Practice in Aged Care Incentive

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

The incentive payments are:

- \$300 per patient, per year, paid to the responsible provider, and;
- \$130 per patient, per year, paid to the practice.

The payments will be quarterly, in addition to existing Medicare Benefits Scheme (MBS) and Department of Veterans' Affairs (DVA) rebates for services delivered.

Key differences include:

- there is no cap (the current Aged Care Access Incentive is capped at \$10,000 per year)
- additional benefits under MyMedicare – including rural loadings and triple bulk billing
- it signals a shift away from volume-based incentive to one that incentivises proactive, planned and continuous care
- it signals a team-based approach to care as some services provided by practice team members will be eligible as long as the majority are provided by the GP (the responsible provider) that the patient registers.

Potential benefits to aged care home residents

- More proactive and regular access to primary care services delivered in aged care homes
- More regular care planning services, including health assessments and development of care plans
- Greater regularity of primary care services delivered to people in aged care
- Formal establishment of relationships between patient, GP, practice and other healthcare professionals
- Increased continuity of care



Potential benefits for GPs and practices

- 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 patients care team



Potential benefits for aged care home staff

- Knowing that residents are getting regular and coordinated primary health care
- Assurance that care plans will be reviewed as needs change
- The opportunity for more residents to have a regular GP
- Feeling supported as part of the extended healthcare team

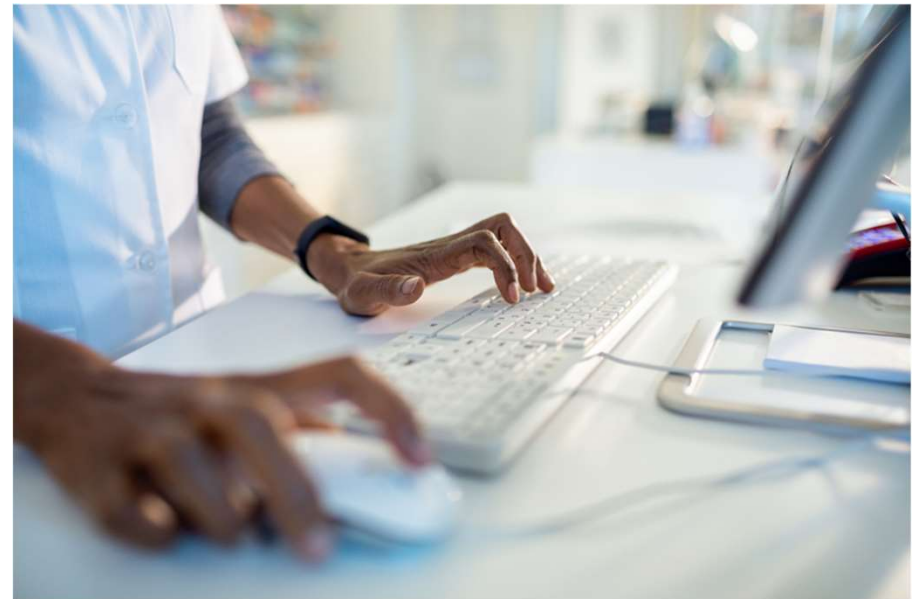


The How?

How the incentive works
Delivering person-centred care
Roles and contributions

How will the incentive work?

- Eligible GPs and practices will receive incentive payments for visiting and providing services to their patients who permanently live in a residential aged care home
- Residents can be actively involved in selecting a preferred GP
- Eligible GPs and patients must be registered in MyMedicare
- Primary Health Network partners will support



Program eligibility



1. Be a **permanent resident** of an aged care home

There are no aged restrictions to be eligible for the General Practice in Aged Care Incentive package of care



2. Be registered with an eligible* preferred GP in **MyMedicare**

This voluntary patient registration scheme formalises the relationship between patients and primary care teams. It is voluntary and free to register with a Medicare Card or DVA Veterans Card

*the GP and practice must be registered for the incentive and then enroll the patient in the incentive.

Service requirements

8 Regular Visits

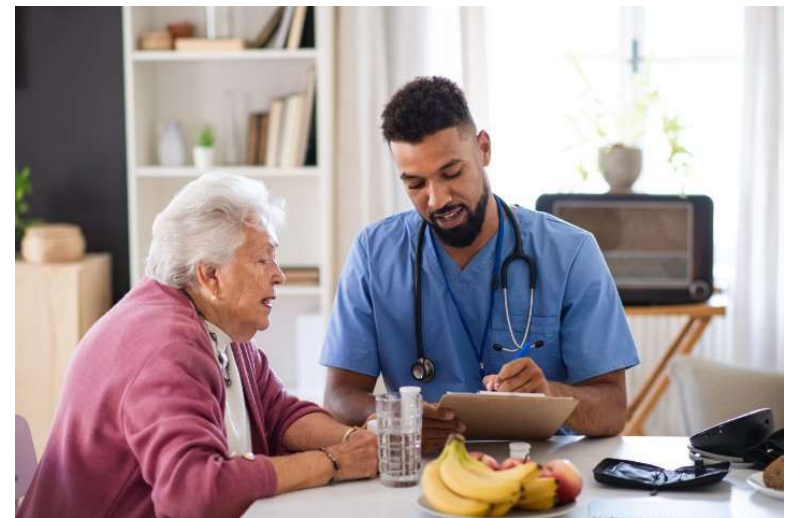
- At least 2 eligible regular services per quarter -> totalling 8 regular visits per year
- Delivered in separate calendar months.
- An alternative care team member to the GP (e.g. a nurse) can provide 1 eligible service per quarter

And

2 Care Planning Services

At least 2 eligible care planning services per year including:

- Comprehensive medical assessment
- Contribution to, or review of, multidisciplinary care plan
- Multidisciplinary case conference
- Residential Medication Management Review



Person-centred team-based care



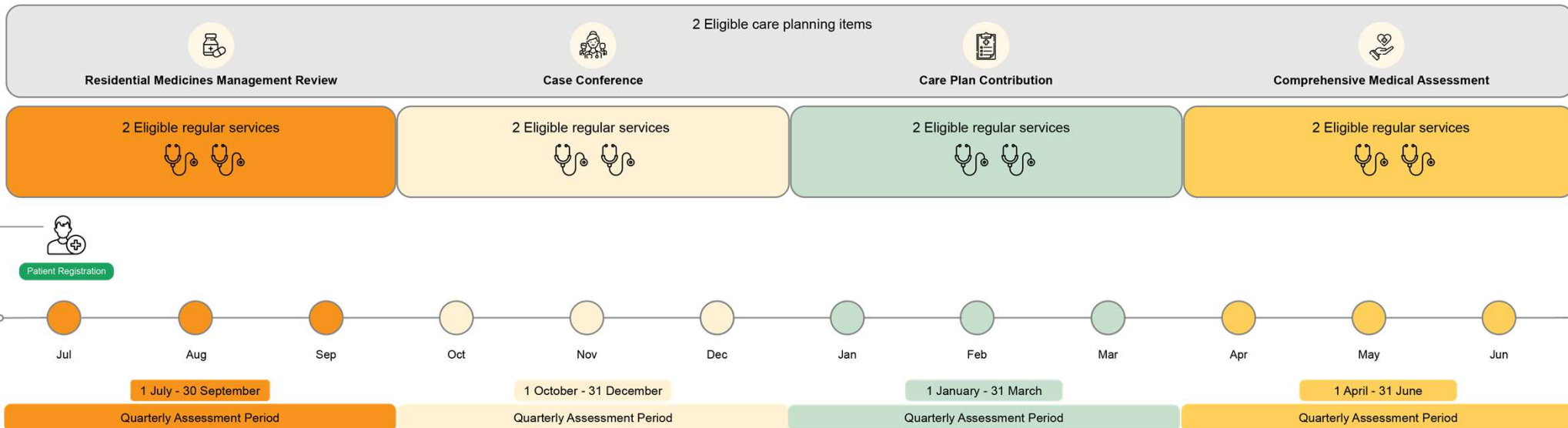
Mavis is an 89-year longstanding resident of an aged care home in a regional area of NSW. She is widowed and has two adult children, one of whom lives nearby. Both children are busy with their careers and family commitments. Mavis does not socialise much with other residents. She is well educated and had a career in school administration before she retired. She has a long-standing GP who has regularly visited her in the aged care home over the past three years.

Mavis has chronic obstructive pulmonary disease (COPD), is oxygen-dependent and lives with other conditions including sleep apnoea, congestive heart failure, and arthritis – a source of chronic pain. She experiences recurrent urinary tract infections. Mavis is on seven different medications including medication for chronic pain. Her mobility is good across short distances, and she has no history of falls. She becomes very breathless and often requires a wheelchair.

Mavis understands how her condition impacts on her ability to conduct day to day functions and is keen to stay well. She has some confidence in her own ability to manage her condition with the support of staff at her aged care home but recently has experienced frequent trips to hospital.

She is seeing a physiotherapist to assist with her lung health and mobility. While she is keen to avoid any further trips to hospital, she is resistant to the physio's suggested exercises. What matters to Mavis at this stage of her life is quality time with her family. She has lost some capacity to do the reading she used to enjoy but she still gets to it when she can. While not diagnosed, Mavis is likely to be depressed.

Structure and process



Mavis' primary care journey over a year



	1 - 3 months	4 - 6 months	7 - 9 months	10 - 12 months
DOING	<ul style="list-style-type: none"> Reading new books Gaining weight 	<ul style="list-style-type: none"> Struggling to stay motivated to read and exercise Ceased moderate exercise 	<ul style="list-style-type: none"> Very inactive Reluctant to leave her room 	<ul style="list-style-type: none"> Learning computer and online skills
THINKING AND SAYING	<ul style="list-style-type: none"> Reading books gives me joy I'm feeling involved in my care planning 	<ul style="list-style-type: none"> What's the point in exercises? 	<ul style="list-style-type: none"> I can't be bothered I can't live with this pain I don't want to leave my room It's time for me to die 	<ul style="list-style-type: none"> My pain is so much better The internet has opened a whole new world for me
HEALTH RISKS	<ul style="list-style-type: none"> Risk of depression 	<ul style="list-style-type: none"> Persistent signs of depression 	<ul style="list-style-type: none"> Mild pneumonia Depression 	<ul style="list-style-type: none"> Urinary tract infection
INTERACTING WITH	<ul style="list-style-type: none"> Family 	<ul style="list-style-type: none"> Persistent little social contact Residential staff Care team – GP, clinical care nurse at her aged care home, pharmacist, exercise physiologist, dietician, activities coordinator at her aged care home, personal carers 		
FEELING	<ul style="list-style-type: none"> Buoyed 	<ul style="list-style-type: none"> Despondent 	<ul style="list-style-type: none"> Exhausted, abandoned 	<ul style="list-style-type: none"> Optimistic
HEALTH CARE CONTACT	<ul style="list-style-type: none"> COVID and flu vaccination Comprehensive medical assessment* Care plan contribution* 2 regular follow-up visits at aged care home* 	<ul style="list-style-type: none"> 2 regular visits* by GP and allied health at aged care home Follow-up care conferences* with allied health Continuous positive airway pressure (CPAP) machine review with pharmacist 	<ul style="list-style-type: none"> Regular visit via telehealth* Care planning service* Residential medicines management review (RMMR)* Care conferences* Regular visit at aged care home* 	<ul style="list-style-type: none"> Extended consultation* Regular visit at aged care home*
HEALTH GAINS	<ul style="list-style-type: none"> Referral to a dietician for healthy eating advice Referral to exercise physiologist for gentle exercise Self-care tips 	<ul style="list-style-type: none"> Referral to a psychologist 	<ul style="list-style-type: none"> Hospital admission avoided Pain management plan including non-pharmacological approaches as well as medication 	<ul style="list-style-type: none"> A social prescription for a computer skills course and online book club

Roles for aged care staff



Understanding the incentive, it's benefits and roles



Providing information for people and their families, friends and carers



Developing systems to support implementation

Roles and responsibilities of GPs and care team

The role of GPs, Nurses and Allied Health Practitioners is to provide a more coordinated, multi-disciplinary 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 registering themselves in the General Practice in Aged Care Incentive
- 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 GPACI responsible provider to a patient.

Other stakeholder input that supports the incentive

People at the centre

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

PHNs

- Communicating with GPs and practices, promoting the incentive and encouraging uptake.
- Supporting interested or participating GPs and practices 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.

Resources

<https://www.health.gov.au/our-work/gpaci>

GPs and practices



[GPs and practices](#)

Find program guidelines, frequently asked questions, and information kits for General Practice in Aged Care Incentive GPs and practices.

Aged care residents, their families and carers



[Aged care residents, their families and carers](#)

Find frequently asked questions and information kits for General Practice in Aged Care Incentive aged care residents, their families and carers.

Residential aged care providers



[Residential aged care providers](#)

Find frequently asked questions and information kits for General Practice in Aged Care Incentive residential aged care providers.

Primary care peak bodies



[Primary care peak bodies](#)

Find information kits for General Practice in Aged Care Incentive primary care peak bodies.

Aged care experts and peak bodies



[Aged care experts and peak bodies](#)

Find information kits for General Practice in Aged Care Incentive aged care experts and peak bodies.

Home > Resources > Collections ← Liston Edit ↩ Share

Aged care residents, their families and carers

Find frequently asked questions and information kits for General Practice in Aged Care Incentive aged care residents, their families and carers.

Frequently asked questions

[General Practice in Aged Care Incentive - Frequently asked questions for aged care residents and carers](#)
9 July 2024 | Fact sheet

Information kit

[Aged Care Residents Information Booklet](#)
16 August 2024 | Guideline

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Residential aged care providers

Find frequently asked questions and information kits for General Practice in Aged Care Incentive residential aged care providers.

Frequently asked questions

[General Practice in Aged Care Incentive - Frequently asked questions for residential aged care providers](#)
9 July 2024 | Fact sheet

Information kit

[Residential Aged Care Provider Information Kit](#)
16 August 2024 | Guideline

[Residential Aged Care Provider Staff Presentation](#)
16 August 2024 | Presentation

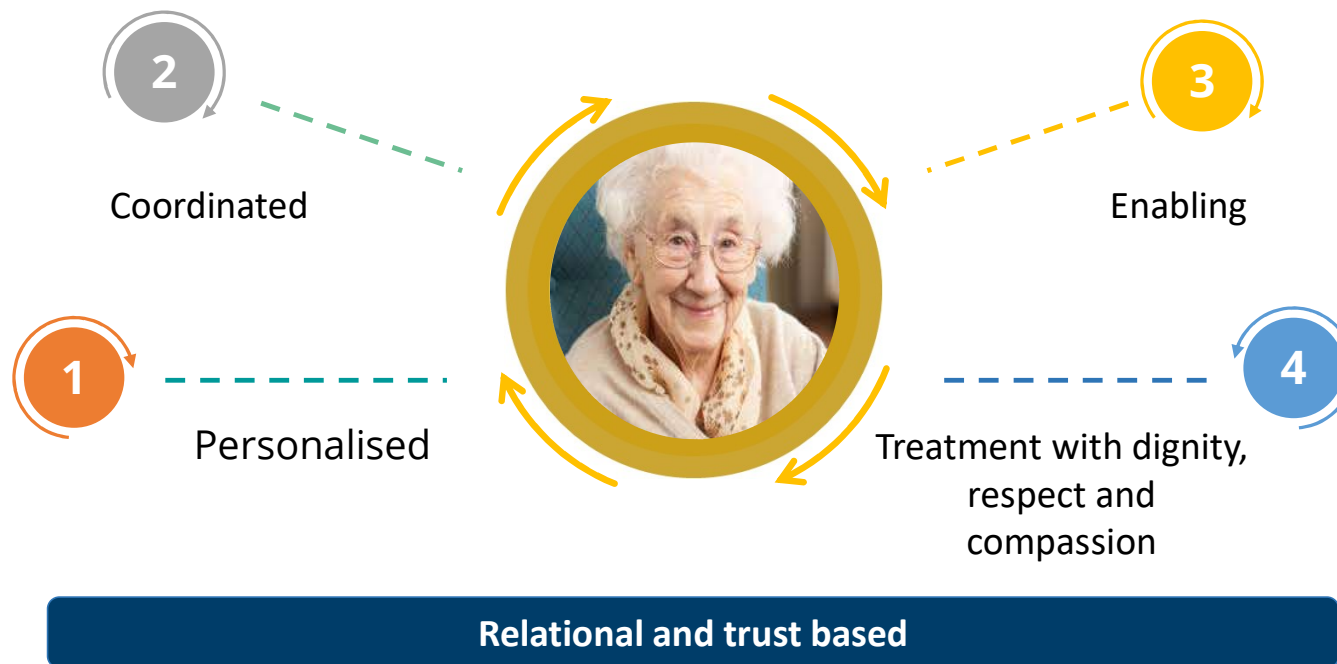
[Residential Aged Care Home Residents Presentation](#)
16 August 2024 | Presentation

The Opportunity and Next Steps

How could we use the incentive as a catalyst for:

- improved access to quality primary health care for aged care residents
- innovation and enhanced integration between residential aged care homes and general practice?

Person Centred Care





my **medicare**

**General Practice in
Aged Care Incentive
(GPACI)
for residential aged
care providers**

Questions

Gold Coast PHN Support with GPACI

. Practice Engagement Officers



Deborah Barnes

Project Officer (Engagement and Digital Health)

Zone: Central (Broadbeach to Surfers Paradise and Tamborine)



Carolyne Gillies

Project Officer (Engagement and Digital Health)

Zone: North (Helensvale to Ormeau and Canungra)



Rebecca Norris

Project Officer (Engagement and Digital Health)

Zone: South (Coolangatta to Mermaid Beach and Robina)

. Digital Health support



Aleksandar Stojkovski

Senior Project Officer (Engagement and Digital Health)

Gold Coast PHN Support with GPACI

- **Help desk support**

- *PH: 07 5612 5408*
- *E: AgedandPalliativeCare@gcphn.com.au*

- **MyMedicare GCPHN Webpage**

- *Health professionals*
 - <https://gcphn.org.au/practice-support/mymedicare/mymedicare/>
- *Community*
 - <https://gcphn.org.au/community/mymedicare/>

- **RACH Bulletin**

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**STAY INFORMED,
STAY CONNECTED!**

Sign up now for the RACH Bulletin and join a community
dedicated to improving residential aged care.

Residential Aged Care Telehealth Training



Residential Aged Care Training Stream

Designed for onsite staff and clinicians working within aged care homes, including personal care workers, nurses, specialists, managers, and other residential aged care staff.

Visit <https://resiagedcaretelehealth.training/> to learn more.



1. **Register** (scan QR code)
2. **Choose Stream:** View modules for Residential Aged Care.
3. **Preview:** Check content before use.
4. **Download:** Get modules as SCORM packages or a full ZIP file to upload to your Learning Management .
5. **Need Help?:**
 - Contact us at
 - 07 5612 5438 or
 - email:
agedandPalliativeCare@gcphn.com.au

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Questions



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