

MyMedicare General Practice in Aged Care Incentive (GPACI)

Are you prepared?

Dr Paresh Dawda, Prestantia Health
08 August 2024

Welcome and Housekeeping

- Exits
- Toilets
- Mobile phones
- Parking
- Roaming microphone



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Acknowledgement to Country



Artist: NARELLE URQUHART, WIRADJURI WOMAN

Gold Coast Primary Health Network would like to acknowledge and pay respect to the land and the traditional practices of the families of the Yugambah Language Region of South East Queensland and their Elders past, present and emerging.

my medicare

GENERAL PRACTICE IN AGED CARE INCENTIVE (GPACI) ARE YOU PREPARED?

08 August 2024

01

19:00 - 19:05

Welcome

Matt Carrodus

Chief Executive Officer
Gold Coast Primary Health Network

02

19:05 - 20:35

MyMedicare General Practice in Aged Care Incentive (GPACI) *Are you prepared?*

Dr Paresh Dawda

*Founder, Director and Principal of Prestantia Health and Next Practice Deakin
Consultant Specialist Adviser for the NSW Agency for Clinical Innovation*

03

20:35 - 20:40

Event Closure

Sharon Pepper

Program Coordinator (Engagement and Digital Health)
Gold Coast Primary Health Network

Welcome



Matt Carrodus

Chief Executive Officer

Gold Coast Primary Health Network

Welcome

- **Strengthening Medicare Taskforce Report**

- A vision for Australia's primary care system of the future

- **MyMedicare**

- Voluntary Patient Registration from 1 October 2023
- New longer telehealth items linked to MyMedicare from 1 November 2023
- **General Practice in Aged Care Incentive (GPACI) from 1 August 2023**
- Changes to MBS Chronic Disease Management Arrangements from 1 November 2024
- Frequent hospital users - TBA

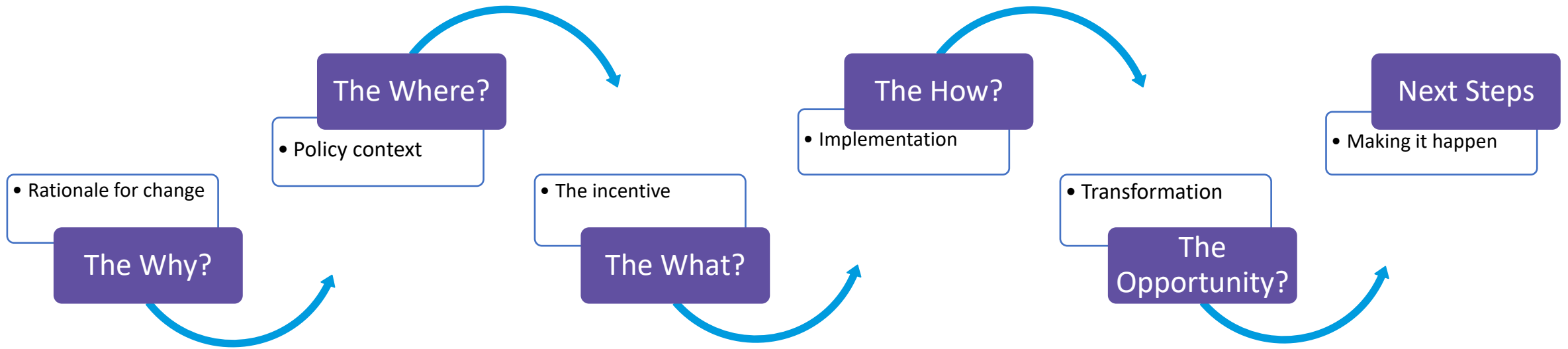
Presenter

- 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

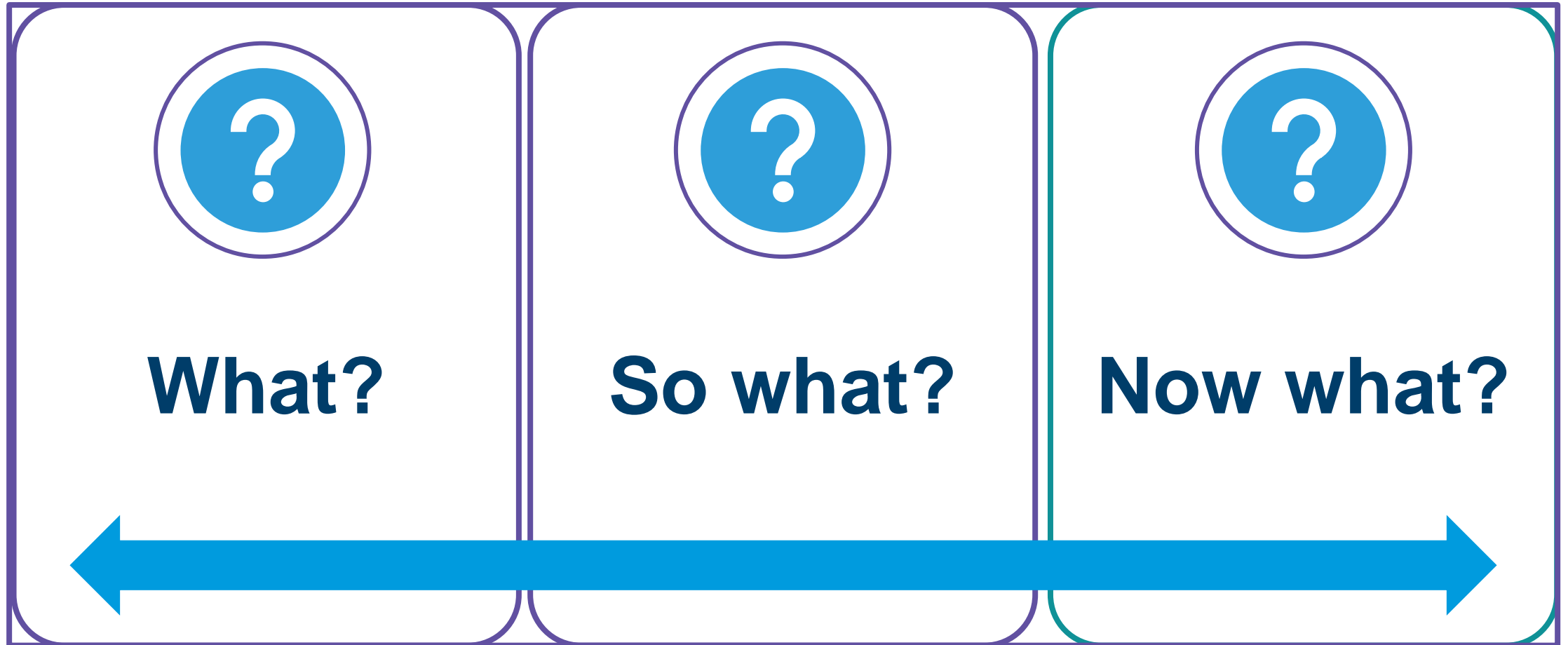
Dr Paresh
Dawda



Agenda



Knowledge capture



Icebreaker



[menti.com](https://www.menti.com)

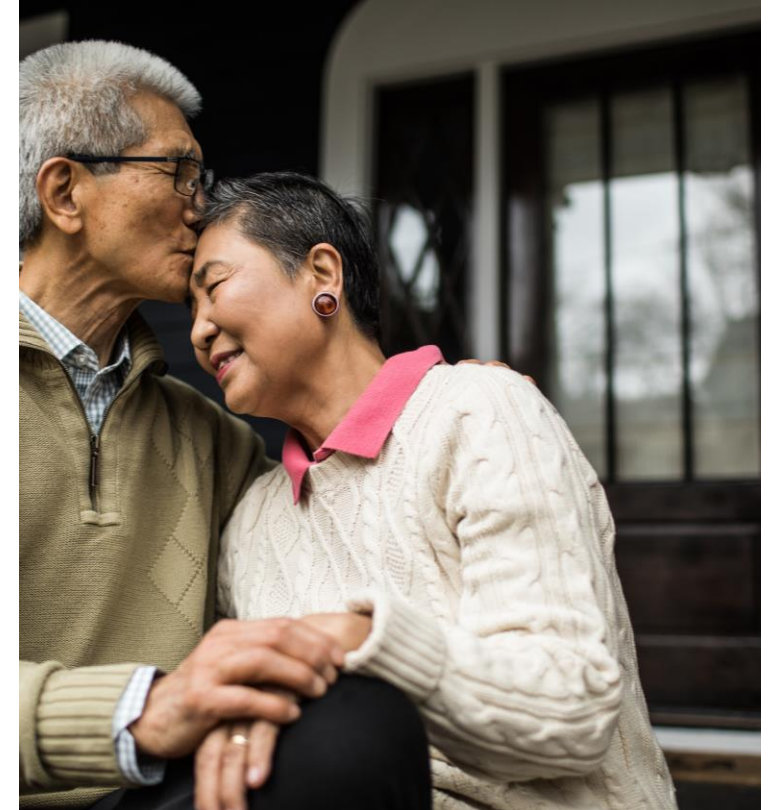
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The Why?

Rationale for the General Practice in Aged Care incentive?

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



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>

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 PHC policy context?

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.

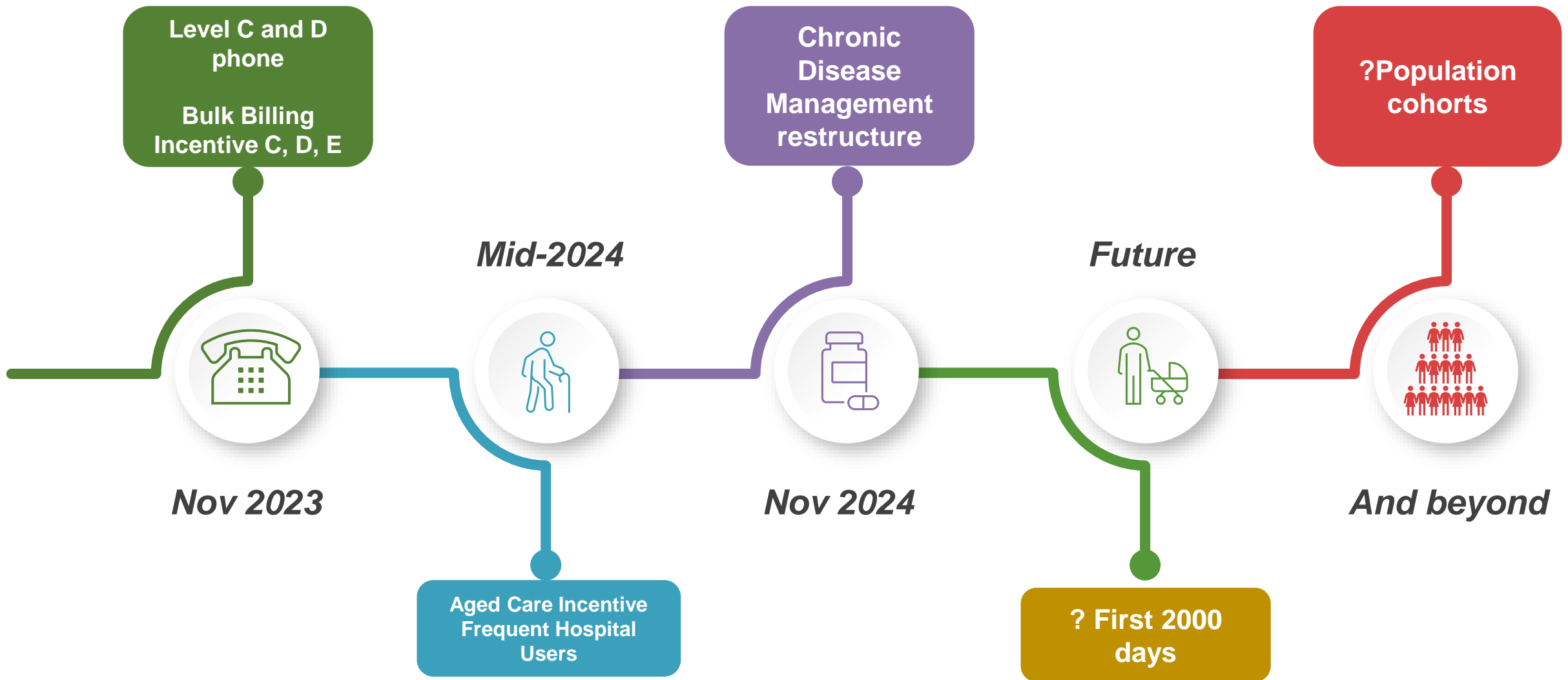
Underpins the model of care that patients want and expect.



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 quality standards

The General Practice in Aged Care Incentive complements the:

- RACGP Aged Care Clinical Guide (Silver Book) Fifth Edition
- RACGP Standards for General Practice Residential Aged Care
- RACGP Standards for General Practices 5th edition



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 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

Technical aspects: PRODA and HPOS

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

Practices must

- ✓ meet eligibility criteria (including registration with Services Australia systems and accreditation against the National General Practice Accreditation Scheme*) and be registered in MyMedicare
- ✓ have incentive banking details registered with MyMedicare
- ✓ Be registered for the General Practice in Aged Care Incentive in MyMedicare
- ✓ intend to deliver General Practice in Aged Care Incentive services to registered patients

Responsible providers must

- ✓ hold an incentive eligible provider speciality code
- ✓ be linked to the practice in the Organisation Register
- ✓ intend to be responsible for the delivery of services to incentive patients

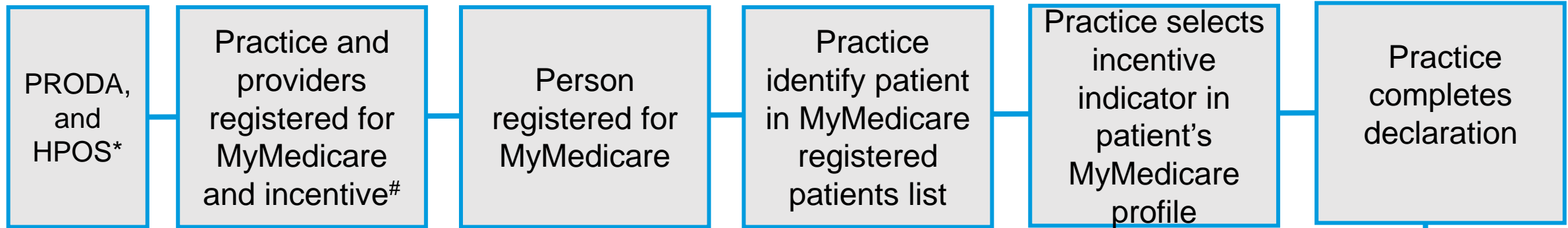
*An accreditation exemption is available until 30 June 2025.

Registering for MyMedicare and the incentive

The practice must be registered in the Services Australia systems for the following:

- Provider Digital Access (PRODA)
- Health Professional Online Services (HPOS)
- the Organisation Register
- eligible GPs need to be linked to the Organisational Register
- practices must first be registered for MyMedicare and add their banking details to then register for the incentive

Practices will register through the Organisation Register tile in HPOS. Further guidance on this will be provided by Services Australia and will be available online on the Services Australia website to guide practices through the registration process.



GP and practice eligible for the incentive from the start of the quarter in which the patient was tagged in the PRODA system

PRODA identifies any eligible services billed in that quarter i.e.: QTR 1

Practice identifies quarterly visits and care planning services delivered in QTR 1

Practice plans and delivers quarterly visits and care planning services: QTR 2; QTR 3; QTR 4 requirements

Bulk billing, fees and charges are determined by the participating GP and general practices

* Eligible GPs need to be linked to the Organisational Register
Practices and providers must enter bank details

MyMedicare

eLearning



New

MyMedicare - General Practice in Aged Care Incentive

This module contains information about accessing and viewing eligibility requirements and payments for the MyMedicare General Practice in Aged Care Incentive.

<https://hpe.servicesaustralia.gov.au/mymedicare.html>

Service requirements

Eligible providers and practices must meet the servicing requirements to be eligible for incentive payments, including delivering:

- 2 eligible care planning services over a 12-month period; AND
- 2 eligible regular visits per quarter, each in a separate calendar month, delivering at least 8 regular services in a 12-month period.

At least one of the regular visits must be provided by the **responsible provider**. A second visit can be delivered by another care team member, including:

- an alternate provider within the same practice
- GP registrar
- nurse practitioner
- Aboriginal and Torres Strait Islander health practitioner or health worker.

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.

Mavis' primary care journey over a year



DOING

- Reading new books
- Gaining weight

- Struggling to stay motivated to read and exercise
- Ceased moderate exercise

- Very inactive
- Reluctant to leave her room

- Learning computer and online skills



THINKING AND SAYING

- Reading books gives me joy
- I'm feeling involved in my care planning

- What's the point in exercises?

- 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

- My pain is so much better
- The internet has opened a whole new world for me



HEALTH RISKS

- Risk of depression

- Persistent signs of depression

- Mild pneumonia
- Depression

- Urinary tract infection



INTERACTING WITH

- Family

- 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

- Buoyed

- Despondent

- Exhausted, abandoned

- Optimistic



HEALTH CARE CONTACT

- COVID and flu vaccination
- **Comprehensive medical assessment***
- **Care plan contribution***
- **2 regular follow-up visits at aged care home***

- **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

- **Regular visit via telehealth***
- **Care planning service***
- **Residential medicines management review (RMMR)***
- **Care conferences***
- **Regular visit at aged care home***

- **Extended consultation***
- **Regular visit at aged care home***



HEALTH GAINS

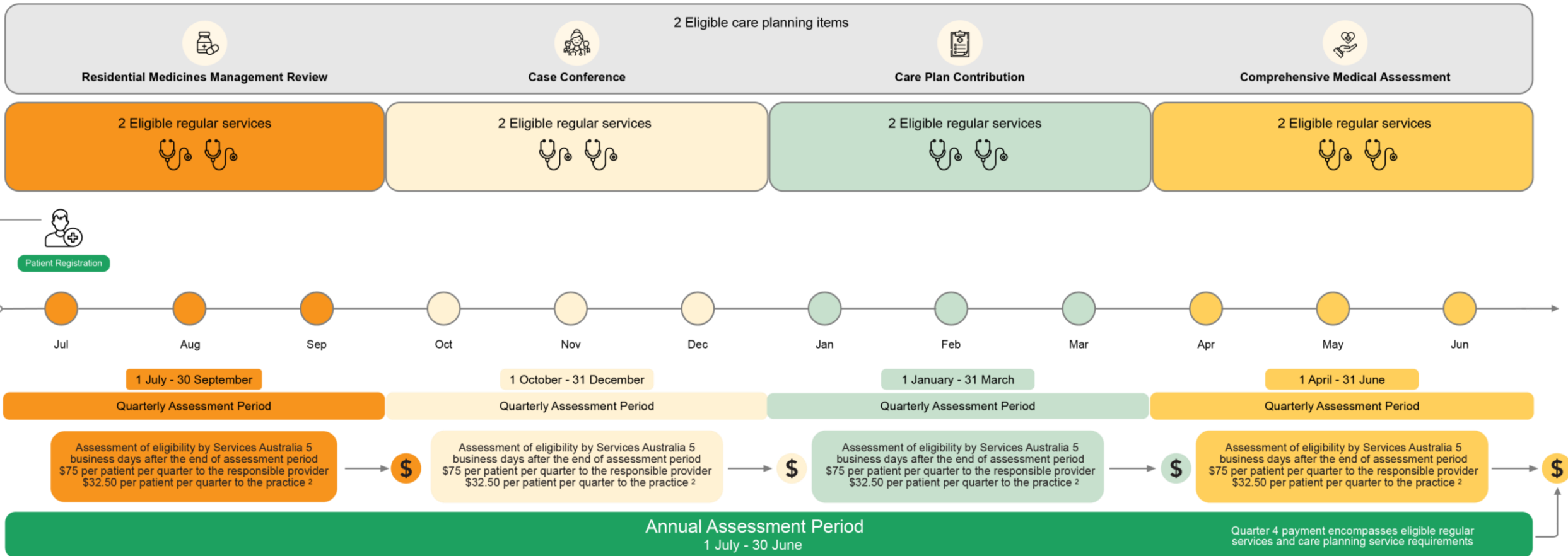
- Referral to a dietician for healthy eating advice
- Referral to exercise physiologist for gentle exercise
- Self-care tips

- Referral to a psychologist

- Hospital admission avoided
- Pain management plan including non-pharmacological approaches as well as medication

- A social prescription for a computer skills course and online book club

Structure and process



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 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

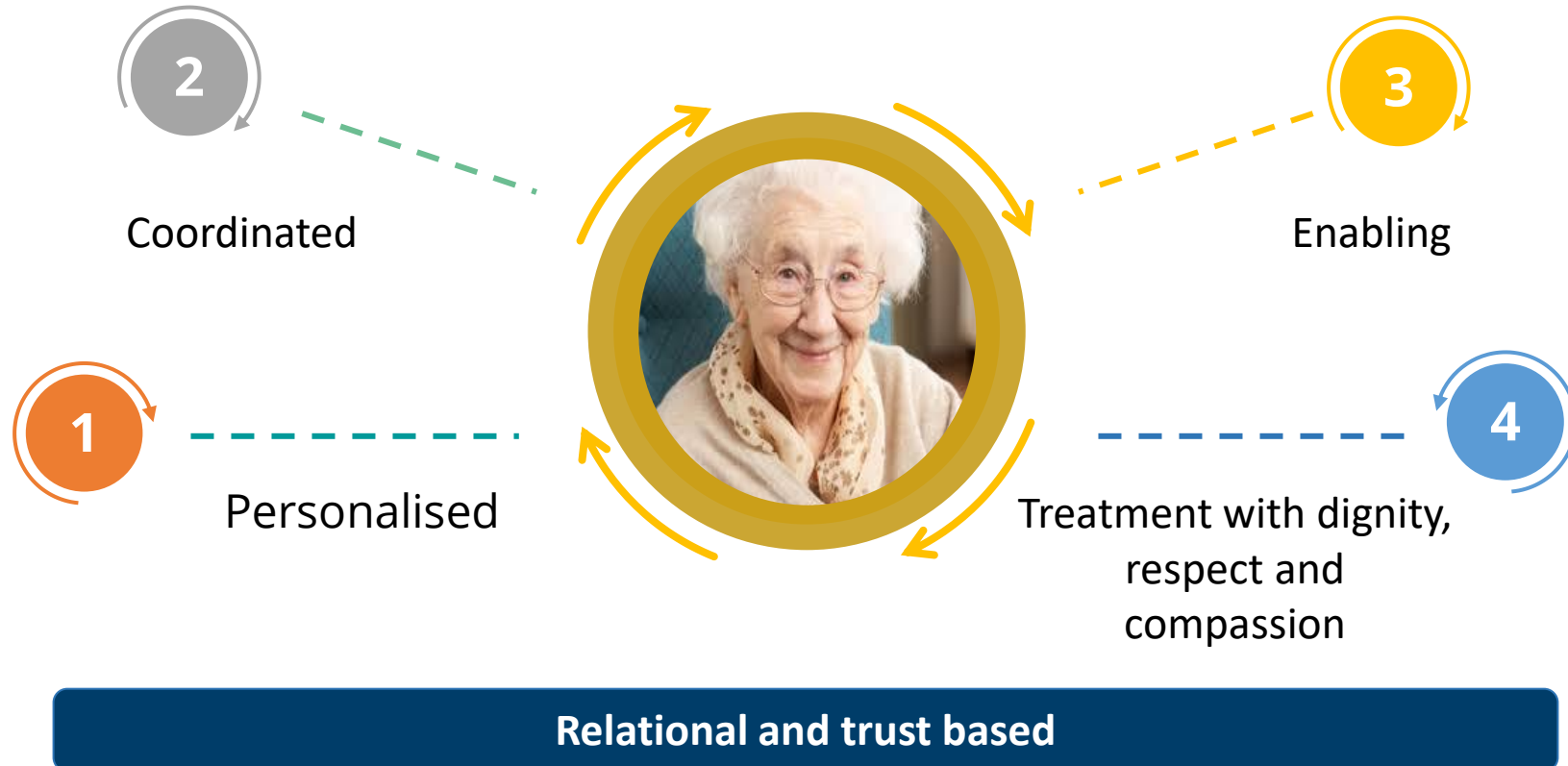
- Communicating with GPs and practices, promoting the incentive and encouraging uptake.
- Supporting interested or participating GPs and practices implement the incentive.
- Facilitating improved care processes between GPs and practices and aged care homes to ensure the provision of proactive, planned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

The Opportunity?

How could we use the incentive as a catalyst for better quality primary health care for aged care residents?

What strategies could we use to enable improvement?

Person Centred Care



Continuity of care is important...



Three aspects of continuity

Ref: Haggerty, J., Reid, R., Starfield, B., Adair, C. and McKendry, R., 2003.
Continuity of care: a multidisciplinary review. *BMJ*, 327(7425), pp.1219-1221.

Population approach



Team based care

Unleashing the Potential of our Health Workforce

Scope of Practice Review

Issues Paper 1

23 January 2024

SCOPE OF PRACTICE REVIEW

Legislation and regulation

Employer practices and settings

Education and training

Funding policy

Technology

FUNDING > FIND FUNDING > MRFF - 2023 MULTIDISCIPLINARY MODELS OF PRIMARY CARE GRANT OPPORTUNITY - STREAMS 1, 2 AND 3 (GO6508)

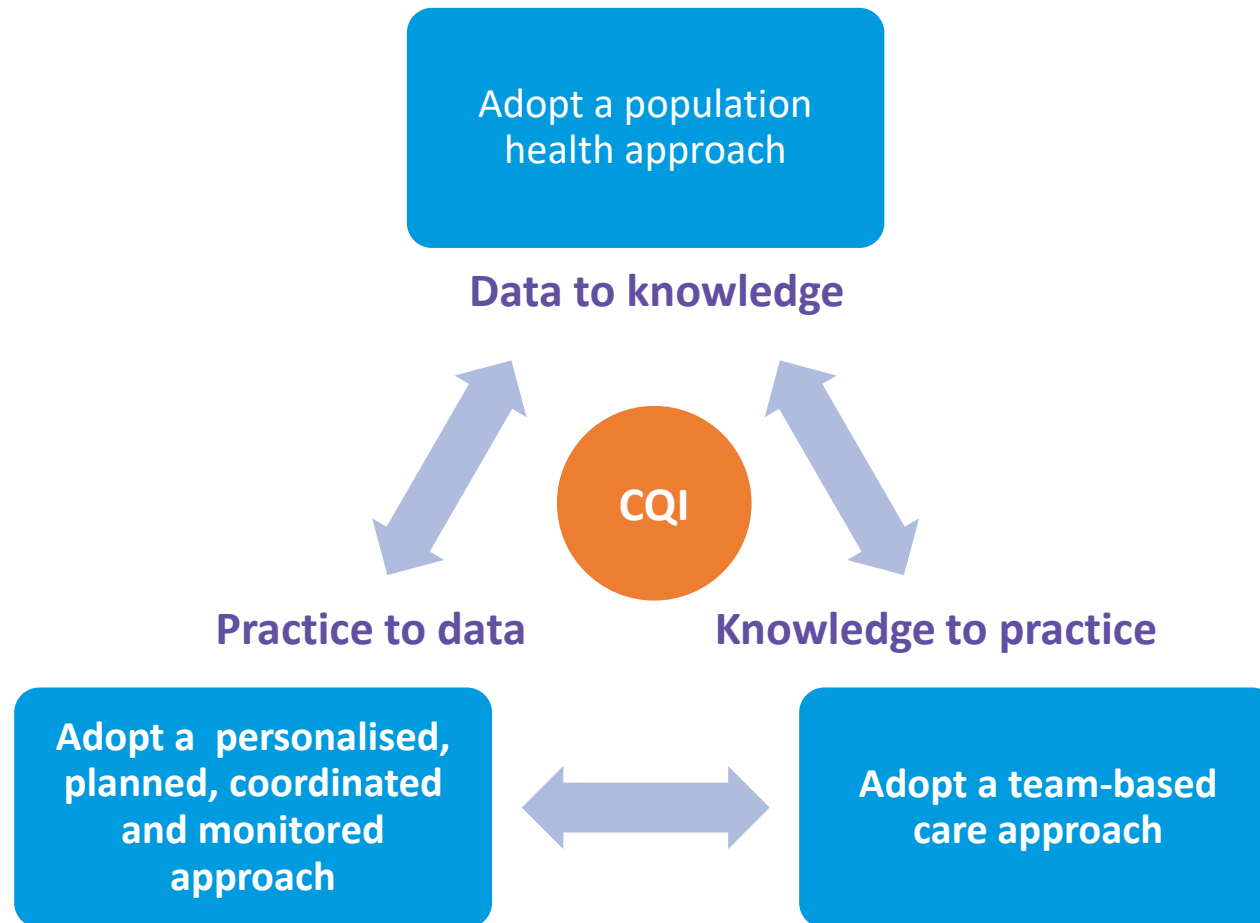
MRFF – 2023 Multidisciplinary Models of Primary Care Grant Opportunity – Streams 1, 2 and 3 (GO6508)

MRFF – Emerging Priorities and Consumer Driven Research Initiative and Primary Health Care Research Initiative – 2023 Multidisciplinary Models of Primary Care Grant Opportunity – Streams 1, 2 and 3 (GO6508)

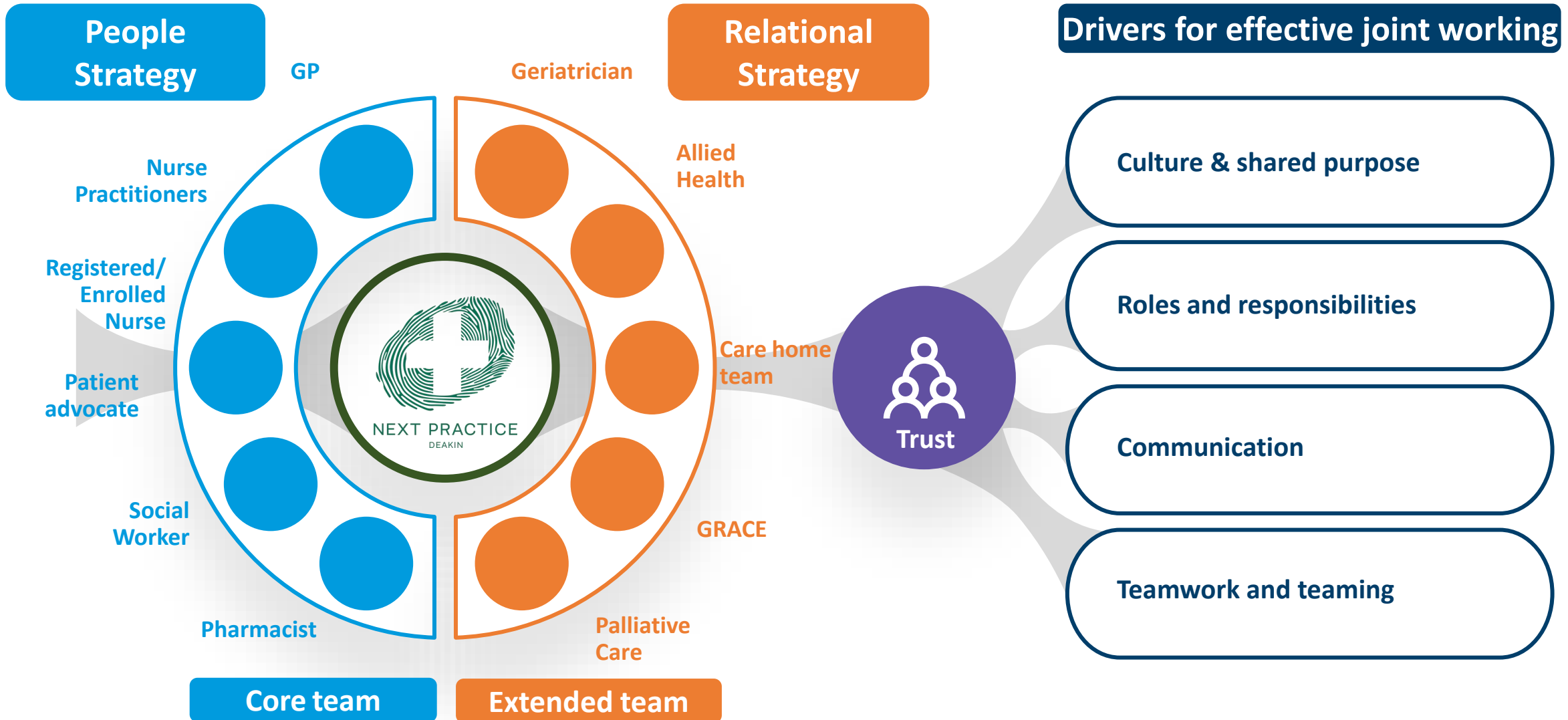
The Medical Research Future Fund (MRFF) – 2023 Multidisciplinary Models of Primary Care Grant Opportunity will support research to:

- **Stream 1** (Aim 1, Objective #1 of Research Plan; Targeted Call for Research): support a competitively selected primary care led national consortium who will work collaboratively to support future-focused ways of thinking about primary care delivery through multidisciplinary team-based care.
- **Stream 2** (Aim 1, Objective #2 of Research Plan; Targeted Call for Research): prospectively evaluate patient registration (using new and routinely collected data, quantitative and qualitative approaches) and how effective it is in different settings.
Research proposals in this Stream must focus on one of the following Topics:
 - **Topic A:** The organisation undertaking the majority of the research is based in any area according to the Modified Monash Model Locator (MM1-7)
 - **Topic B:** The organisation undertaking the majority of the research, the Chief Investigator A and 50% or more of all Chief Investigators, and all research participants, are primarily resident in a rural, regional or remote area according to the Modified Monash Model Locator (MM2-7).
- **Stream 3** (Aim 3 of Research Plan; Targeted Call for Research): develop and implement collaborative consortia that use existing data assets in innovative ways 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.

Potential implementation strategies



Integrated Practice Unit



Next steps...

What can practice staff be doing now, to support the transition to the General Practice in Aged Care Incentive?

In summary

The General Practice in Aged Care Incentive:

- responds to shortfalls in healthcare for people living in aged care homes
- delivers coordinated, quality health care *at the person's home*
- meets the specific needs of older people and those living in an aged care home
- benefits everyone - not only patients but the workforce too
- makes extra payments to GPs and practices to provide regular, proactive services
- is easy to register for
- is supported by aged care providers and Primary Health Networks

Considerations before participation

Evaluate whether the benefits align with the practice's goals and capabilities

Consider the specific requirements and commitments:

- need for additional training
- practice workflows and administrative support
- impact on current patient services
- fees and charges
- provider payment mechanisms
- visit schedules and communication with aged care homes

Identify
opportunities
for
improvement,
potential
issues and
challenges

Participation is an opportunity to lead in healthcare innovation, fostering a more dynamic and responsive health care environment

Next steps

Predisposing...

Accreditation:

- Non-registered practices
(Extension to 30 June 2025)

PRODA/HPOS:

- Practice and providers

MyMedicare and incentive:

- Register people living in
residential aged care homes

Establish team care arrangements

Consider:

- Charging policy
- Disbursements

Precipitating...

Care planning:

- Schedule planned care
- Schedule routine visits

Data collection

Data entry/clinical coding

Claim relevant MBS items

Perpetuating

Patient monitoring

Service tracking



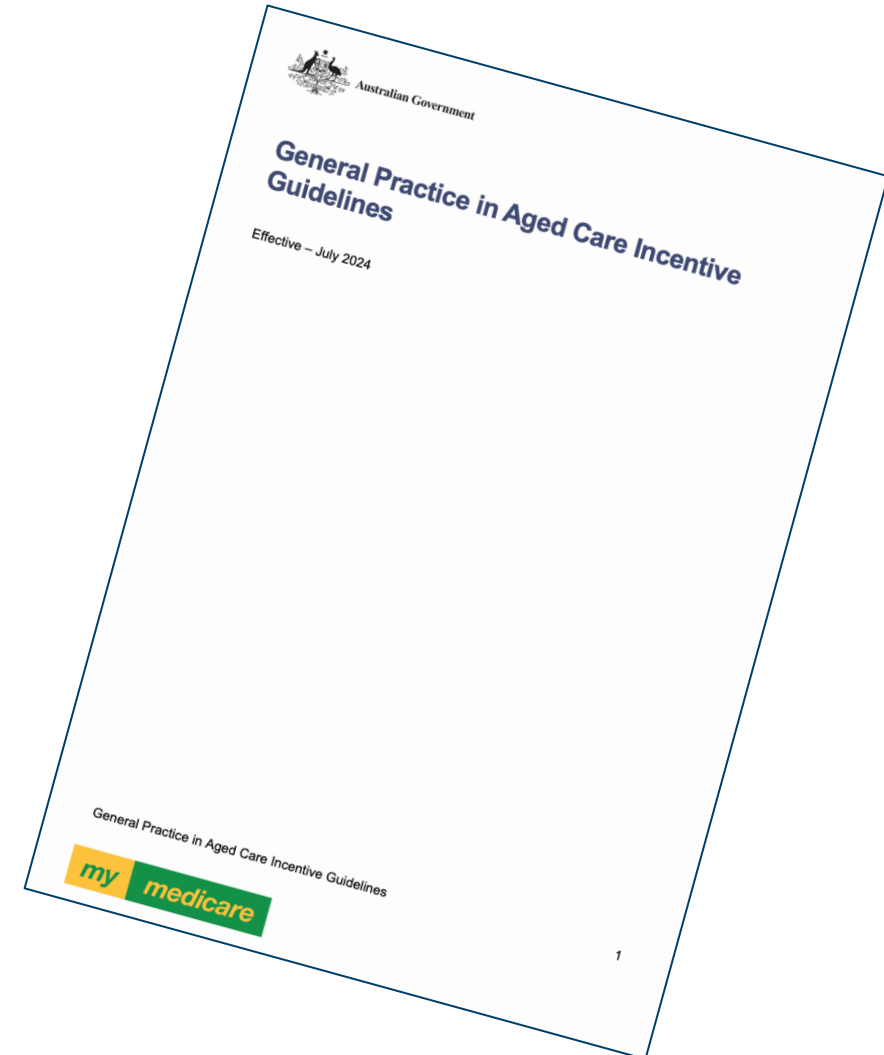
Adopt a
population health
and continuous
quality
improvement
approach to
implementation

Resources and supports

What resources are available to support practices and patients?
How can Gold Coast PHN support the transition to the General Practice in Aged Care Incentive?

Resources

- General Practice in Aged Care Incentive Guidelines
- <https://www.health.gov.au/our-work/gpaci>
- MyMedicare: eLearning
- <https://hpe.servicesaustralia.gov.au/mymedicare.html>
- Practice Incentives Program
- <https://www.servicesaustralia.gov.au/apply-for-practice-incentives-program?context=20#accordion3>
- **GP and Practice Information Kit:**
 - anticipated mid-August 2024
- **Consumer Information Booklet:**
 - anticipated mid-August 2024



Event Closure



An Australian Government Initiative

Sharon Pepper

Program Coordinator (Engagement and
Digital Health)

Gold Coast Primary Health Network

Gold Coast PHN Support with GPACI

MyMedicare Voluntary Patient Registration QI resources



MyMedicare QI Toolkit

Includes a step-by-step guide to increase patient engagement and successfully implement a MyMedicare VPR CQI activity.

[MyMedicare QI Toolkit](#)



Clinical Audit for GP's

Toolkit RACGP approved for 10 CPD hours

[RACGP Clinical Audit Toolkit](#)



Primary Sense VPR Report

Toolkit to assist in the identification and management of patients at risk

[Primary Sense VPR Report](#)

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: practicesupport@gcphn.com.au
- **MyMedicare GCPHN Webpage**
 - <https://gcphn.org.au/practice-support/mymedicare/mymedicare/>
- **GP and Practice Newsletter**



Share Your Thoughts

Scan to give feedback





Questions



An Australian Government Initiative

Building one world class health service for the Gold Coast

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www.gcphn.org.au

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