

# PIP QI

## Frequently Asked Questions (FAQ)

August 2019

### **Q** 1. What is the Practice Incentives Program Quality Improvement Incentive?

**A** 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. The PIP QI Incentive rewards general practices for undertaking continuous quality improvement activities in partnership with their local PHN (Primary Health Network).

### **Q** 2. How does the new PIP QI Incentive work?

**A** The PIP QI Incentive is a payment to general practices that choose to participate in quality improvement to improve patient outcomes and deliver best practice care. Practices work with their local PHN to undertake continuous improvement activities through the collection, submission and review of de-identified practice data on improvement measures.

### **Q** 3. What do practices need to do to receive the PIP QI Incentive?

**A** General practices wanting to receive PIP QI must:

- participate in continuous improvement activities with their local PHN
- submit de-identified data in 10 key areas of patient health and wellbeing

### **Q** 4. What is continuous quality improvement?

**A** The purpose of continuous quality improvement programs is to improve health care by identifying problems, implementing and monitoring corrective action and studying its effectiveness.

### **Q** 5. When does the PIP QI Incentive start?

**A** The PIP QI Incentive starts on 1 August 2019 and practices can apply for the incentive through Health Professional Online Services (HPOS). The first quarter payments will be made in November 2019. Participation in the PIP QI is voluntary and practices can withdraw at any time. Practices should notify their local PHN if they withdraw from the PIP QI Incentive.

**Q 6. What is the PIP Eligible Data Set?**

**A** The PIP Eligible Data Set is data collected against 10 specified Improvement Measures. The PIP Eligible Data Set has a strong focus on chronic disease. Data informed improvement in these areas may help delay progression of chronic conditions, improve quality of life, increase life expectancy, and decrease the need for high cost interventions.

Continuous improvement of general practice systems and processes may also lead to improved experience of work for both clinicians and administration staff. Please read the PIP QI guidelines for more information on the PIP Eligible Data Set.

**Q 7. What is the annual confirmation statement that the practices sign?**

**A** General practices complete an annual confirmation statement each year. Practices need to confirm their details including whether they have met both the Program and Incentive level eligibility requirements.

It is the sole responsibility of the participating general practice to make their declaration of compliance or non-compliance in the annual confirmation statement. Under the PIP QI Incentive, practices are required to maintain evidence for six years that they have complied with the eligibility requirements for the PIP QI Incentive.

**Q 8. What data will practices submit to their PHN?**

**A** General practice must submit the PIP eligible Data Set to their PHN each quarter to meet one of their eligibility requirements to receive the PIP QI Incentive. The PIP Eligible Data Set is data collected against 10 specified improvement measures.

**Q 9. Why were the improvement measures chosen?**

**A** The improvement measures were chosen because they represent continuing areas of high disease burden in the Australian population and their risk factors. Data informed improvement in these areas may help delay progression of chronic conditions, improve quality of life, increase life expectancy and decrease the need for high cost interventions. Continuous improvement of general practice systems and processes may also lead to improved experience of work for both clinicians and administration staff.

**Q 10. Who has access to the PIP Eligible Data Set?**

**A** Australians expect strong safeguards to ensure their health information is safe and secure, that the privacy of their health information is respected, and their rights protected. All healthcare providers in Australia have professional and legal obligations to protect their patients' health information. The PIP QI Incentive is safeguarding privacy by only using a specified, limited, de-identified data set, and access is limited.

Information regarding access to the PIP Eligible Data Set is detailed in the Data Governance Framework which can be found on the Department of Health website: [1.health.gov.au/internet/main/publishing.nsf/Content/PIP-QI\\_Incentive\\_guidance](https://www.health.gov.au/internet/main/publishing.nsf/Content/PIP-QI_Incentive_guidance)

**Q 11. How do PHNs and practices use the PIP QI Incentive data?**

**A** The PIP Eligible Data Set may be used to:

- improve the quality of care and patient outcomes
- improve the capacity for general practices to benchmark their activities against peers on an agreed set of improvement measures
- provide nationally consistent, comparable data against specified quality improvement measures to create regional and national health data sets
- contribute to service planning and population health mapping at different levels including, PHN boundaries, local health districts, jurisdictional boundaries, and nationally
- confirm participation eligibility for the receipt of Commonwealth funding under the PIP QI Incentive.

**Q 12. Is a general practice allowed to share their improvement measures data with another practice?**

**A** Yes. A general practice may use their data to benchmark their activities against peers on an agreed set of improvement measures. Some PHNs have centralised processes for assisting general practices with this. You may wish to contact your local PHN to see if they offer this service and if you can participate. Any data sharing must comply with the PIP Eligible Data Set Data Governance Framework.

**Q 13. Do general practices have to conduct their quality improvement activities based on the PIP Eligible Data Set?**

**A** No, they don't. General practices may initially focus their quality improvement activities on the 10 specified Improvement Measures, noting there are no prescribed targets associated with any of the Improvement Measures. Alternatively practices may focus their quality improvement activities on areas which are informed by their clinical information system data and meet the needs of their practice population.

**Q 14. Do general practices receive any reports from their local PHN?**

**A** Yes. General practices should talk with their local PHN about what report options are available and explore opportunities with their PHN for support with Continuous Quality Improvement activities.

**Q 15. When is the first PIP payment made to practices?**

**A** Practices are able to register for the Incentive from 1 August 2019 using their Provider Digital Access (PRODA) through their Health Professional Online services (HPOS). The first quarterly payment (covering 1 August to 31 October 2019) will be made in November 2019.

**Q 16. What are the 10 specified Improvement Measures?**

- A** The 10 specified Improvement Measures are:
1. Proportion of patients with diabetes with a current HbA1c result
  2. Proportion of patients with a smoking status
  3. Proportion of patients with a weight classification
  4. Proportion of patients aged 65 and over who were immunised against influenza
  5. Proportion of patients with diabetes who were immunised against influenza
  6. Proportion of patients with COPD who were immunised against influenza
  7. Proportion of patients with an alcohol consumption status
  8. Proportion of patients with the necessary risk factors assessed to enable CVD assessment
  9. Proportion of female patients with an up-to-date cervical screening
  10. Proportion of patients with diabetes with a blood pressure result

**Q 17. What data will general practices submit to PHNs?**

**A** General practices must electronically submit the PIP Eligible Data Set to their local PHN each quarter. This is one of the key eligibility requirements to receive the PIP QI Incentive payment. Further information on the PIP QI Incentive including eligibility requirements, reference period and data submission period is detailed in the PIP QI guidelines.

**Q 18. When PIP QI commences, which Incentives are remaining the same?**

- A** There are currently 11 incentives under the PIP, with the following seven remaining the same:
- eHealth Incentive
  - After Hours Incentive
  - Rural Loading Incentive
  - Teaching Payment General Practitioner
  - Aged Care Access Incentive
  - Indigenous Health Incentive
  - Procedural General Practitioner Payment

**Q 19. Which incentives cease under the PIP?**

- A** The following four incentives will no longer be available after 31 July 2019:
- Asthma Incentive
  - Diabetes Incentive
  - Cervical Screening Incentive
  - Quality Prescribing Incentive

**Q 20. Will the Service Incentive Payments (SIPs) be affected?**

**A** Yes, SIPs associated with the following three incentives will also cease:

- Asthma Incentive
- Diabetes Incentive
- Cervical Screening Incentive

**Q 21. Will Standard Whole Patient Equivalent (SWPE) values and rural loadings remain?**

**A** Yes. The Department of Human Services will apply the relevant SWPE weighting and rural loading (where applicable) to the PIP QI Incentive payments.

**Q 22. Will the changes to the PIP affect other Incentive Programs offered by the Department of Health?**

**A** No. The broader changes to PIP will not affect other Incentive Programs offered by the Department of Health.

**Q 23. How will this affect Aboriginal Community Controlled Health Services (ACCHS)?**

**A** ACCHS and other organisations funded under the Indigenous Australians’ Health Program (IAHP) already have a well-established system of using primary health data to undertake quality improvement activities. This includes reporting against National Key Performance Indicators (nKPIs).

This information assists ACCHS and other organisations funded under the IAHP to improve and maintain high quality clinical practice and service delivery of primary health care and health outcomes for Aboriginal and Torres Strait Islander people.

The PIP QI Incentive will support ACCHS and other organisations funded under the IAHP in continuing their current work in quality improvement within Aboriginal and Torres Strait Islander communities.

ACCHS and other organisations funded under the IAHP will be eligible to apply for the PIP QI Incentive and it is expected they will meet the requirements for payment within existing arrangement with the Department of Health.

**Q 24. Will practices still need to be accredited to participate in the PIP QI Incentive?**

**A** Eligibility requirements remain the same as for the broader PIP program, which means practices will need to gain and maintain ongoing and continuous accreditation against the Royal Australian College of General Practitioners (RACGP). More information on how to participate in the PIP QI Incentive is available at [humanservices.gov.au/organisations/health-professionals/services/medicare/practice-incentives-program/guidelines/quality-improvement-incentive](https://humanservices.gov.au/organisations/health-professionals/services/medicare/practice-incentives-program/guidelines/quality-improvement-incentive)

**Q 25. Is the amount of PIP funding received by the practice likely to be affected by this change?**

**A** Funding from the ceasing incentives has been consolidated into the PIP QI Incentive. As part of Budget 2019-20, it was also announced that the PIP QI Incentive will see an additional investment of \$201.5 million over five years from 2018-19. This means an increase to the overall funding available under the PIP. However, the amount of funding that an individual practice receives under the PIP will vary according to the number of incentives a practice participates in, rurality and SWPE value.

**Q 26. Why is data important to quality improvement?**

**A** An effective continuous quality improvement process involves:

- collecting and reviewing data to identify problems and areas for improvement
- developing solutions to those problems
- implementing the solutions
- evaluating the effect of the planned activities, and
- going back to assess the need for more improvements.

Data provision by general practices to inform quality improvement is not new. Over the last 10 years, thousands of Australian practices have participated in data driven quality improvement activities.

These practices have demonstrated successful clinical system redesign, delivering safe and more reliable care for their patients. They have also developed the capacity to use data from practice software systems to deliver more proactive and systemic chronic disease management by adopting a practice population approach.

**Q 27. How will you make sure that specific chronic diseases like diabetes continue to be addressed?**

**A** The PIP QI Incentive will give practices increased flexibility to improve their detection and management of a range of chronic conditions such as diabetes and to focus on issues specific to their practice population.

**Q 28. What role will PHNs play under the PIP QI Incentive?**

**A** Through their practice support function, PHNs already play an integral role in working with general practice to support continuous quality improvement. Under the PIP QI Incentive, PHNs will have a central role. They can:

- assist general practices to participate in the Incentive
- answer questions about the PIP QI including guidelines, Improvement Measures and the PIP Eligible Data Set Data Governance Framework
- assist general practices to undertake continuous quality improvement that addresses the 10 Improvement Measures and/or meets the needs of their practice population
- provide information to the Department of Health to confirm that a general practice has met the eligibility requirement for the PIP QI payment.

The Department of Health will use this information from the PHNs to authorise payment of the PIP QI Incentive by the Department of Human Services.

**Q 29. How will the PIP QI Eligible Data Set assist general practices and PHNs?**

**A** The PIP Eligible Data Set will assist general practices to:

- improve the quality of care and patient outcomes
- improve their capacity to benchmark their activities against peers on an agreed set of Improvement Measures
- provide nationally consistent, comparable data against specified quality improvement measures to create regional and national health data sets.

The PIP Eligible Data Set will assist PHNs to:

- work with general practices to support quality improvement
- contribute to service planning and population health mapping at different levels including, PHN boundaries, local health districts, jurisdictional boundaries and at a national level
- rules and guidance on the specific roles and responsibilities for data content, collection, use, access, aggregation, privacy, security, and data ownership for local, regional and national data custodians of the PIP Eligible Data Set can be found under the PIP Eligible Data Set Data Governance Framework.

**Q 30. Is a general practice allowed to share their Improvement Measures data with other general practices?**

**A** Yes. General practices may use their data to benchmark their activities against peers on an agreed set of Improvement Measures.

**Q 31. Do general practices have to conduct quality improvement activities based on the PIP Eligible Data Set and how many quality improvement activities does a general practice need to conduct each year?**

**A** No, general practices do not have to conduct quality improvement activities based on the PIP Eligible Data Set.

General practices may initially focus their quality improvement activities on the 10 specified Improvement Measures, noting there are no prescribed targets associated with any of the Improvement Measures.

Alternatively practices may focus their quality improvement activities on areas which are informed by their clinical information system data and meets the needs of their practice population.

Continuous quality improvement (CQI) activities usually follow a Plan Do Study Act cycle. The amount of time it takes to complete each activity and the number undertaken will depend on the specific needs of each practice and the areas being focused on.

A general practice does not need to undertake a new CQI activity each quarter as some activities may take more than one quarter to complete.

**Q 32. What are some examples of Continuous Quality Improvement (CQI) activities a general practice can do to receive the PIP QI Incentive payment?**

**A** A general practice can focus their CQI activities on the 10 Improvement Measures, or a practice can also focus on other areas of need within a general practice population.

These CQI activities are to be done in partnership with a general practices' local PHN. Here are some examples of quality improvement activities a general practice could choose to focus on:

- establish a system for creating, validating, and updating a register of people with diabetes
- establish appropriate care pathways for people with Coronary Heart Disease (CHD)
- establish proactive call/recall arrangements for people with CHD
- provide integrated care by improving the relationships between primary, secondary and tertiary providers
- ensure patients can access resources that are culturally appropriate, translated, and/or in plain English
- ensure the practice follows an open disclosure process that is based on the Australian Open Disclosure Framework.

**Q 33. Do large organisations have the same requirements under the PIP QI Incentive?**

**A** All general practices that would like to receive the PIP QI Incentive must meet the same eligibility requirements of the QI Incentive to work in partnership with their local PHN to undertake the continuous quality improvement activities, and to submit data to their local PHN.

**Q 34. How does a general practice submit data to their PHN if their clinical software is not compatible with their PHN's data extraction tool?**

**A** PHNs are developing options for general practices with non-compatible software to submit their data. Please contact your local PHN for further information.

**Q 35. If a general practice purchases their own data extraction tool that is different to the PHN can they participate in PIP QI Incentive?**

**A** Yes. You will need to submit your data to your PHN in a format that is acceptable to the PHN. Please contact your local PHN for further information.

**Q 36. If a general practice purchases their own data extraction tool that is the same as their PHN, can they submit only the 10 improvement measures?**

**A** PHNs have broader requirements for data from general practice and use this to inform service planning in their regions. For the purpose of the PIP QI Incentives only data against the 10 Improvement Measures is required, however a general practice should discuss this with their PHN.

**Q 37. What information about my general practice is the Department of Human Services providing to the Department of Health?**

**A** The Department of Human Services will provide identifying information on general practices who have registered for the PIP QI Incentive to the Department of Health. This may include practice name, practice identifier and contact details.

This is so the Department of Health can match this with information from PHNs and ensure that general practices who fulfil the requirements for the PIP QI Incentive are paid.

The Department of Health will also pass on your details to your PHN so they may contact you regarding your participation in the PIP QI Incentive. Upon registering, general practices consent to the Australian Government Department of Human Services:

- disclosing information to the Department of Health, other relevant agencies or as authorised or required by law
- disclosing information provided by general practices relating to this application to the Department of Health who will provide this information to the relevant PHN for the purpose of the PIP QI Incentive. This information may include identifying information such as registration and contact details.

**Q 38. What information do PHNs provide to the Department of Health?**

**A** PHNs provide information to the Department of Health to confirm that they have met their obligations under the PIP QI Incentive by providing quarterly data against the 10 Improvement Measures. The Department of Health uses this information to authorise payment of the PIP QI Incentive by the Department of Human Services.

Upon registering for the PIP QI Incentive general practices must agree to the Department of Health providing your contact and registration details to your local PHN.

**Q 39. What information does the Department of Health provide to Department of Human Services?**

**A** The Department of Health and the Department of Human Services exchange general practice information (such as practice name, practice identifier, registration for PIP and contact details) to ensure the correct practices receive the PIP QI Incentive payment.

**Q 40. What is the Confirmation Data Submission report? When is it submitted?**

**A** The Confirmation Data Submission report is compiled by PHNs and details which practices have submitted the 10 Improvement Measures each quarter (Practice Name, Practice ID, Data Yes/No, Date Submitted, Submission Error).

This report is used by the Department of Health to assess a practice's eligibility status and to authorise payment. PHNs provide the Confirmation Data Submission report to the Department of Health by a specified point in time each quarter.

There are no complicated eligibility requirements for the PIP QI Incentive which has allowed for streamline processes to minimise unnecessary administrative burdens on practices and PHNs. There is a simple balance between upfront and annual compliance.

**Q 41. Does the Department of Health or the Department of Human Services receive information about the practice performance from PHNs?**

**A** No. The Department of Health only receives the Confirmation Data Submission report, and the Department of Human Services does not receive any information about a practice from PHN.