Improving access to primary health for Aboriginal and Torres Strait Islander People

A Resource for General Practice

Contents

1. Information for General Practitioners on improving access to primary health for Aboriginal and Torres Strait People
2. How to identify Aboriginal and/or Torres Strait Islander patients
3. Accessing the Practice Incentives Program (PIP) Indigenous Health Incentive
4. Aboriginal and Torres Strait Islander health assessments (MBS item 715)
5. Medicare Benefits Schedule (MBS) items
6. Chronic Disease Follow-up Services (MBS items 10950 and 10997)
7. Allied health follow-up services (MBS items 81300-81360)
8. Follow-up services provided by a Practice Nurse or registered Aboriginal Health Practitioner (MBS item 10987)
9. Accessing the PBS Co-payment Measure
10. Integrated Team Care - Care Coordination and Supplementary Services

1. Information for General Practitioners on improving access to primary health for Aboriginal and Torres Strait People

On 1 July 2014, the Australian Government established the Indigenous Australians' Health Program. This consolidated four previously existing funding streams.

Improving Access to Primary Health Care for Aboriginal & Torres Strait Islander people is one key theme under the program.

The outcome of the theme is to contribute to closing the gap in life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians by funding activities that support improving access to primary health care services.

Objectives

The objectives under the theme are to improve access and to build capacity of mainstream primary health care to deliver culturally safe services to Aboriginal and Torres Strait Islander people. There are incentives to assist with this.

These incentives support you and your team in providing quality primary health care to Aboriginal and/or Torres Strait Islander people with chronic disease; and at risk of developing chronic disease.

Chronic Disease

Chronic diseases causing the highest rates of mortality for Aboriginal and Torres Strait Islander people include:

- cardiovascular disease;
- diabetes;
- chronic respiratory disease;
- cancer; and
- chronic kidney disease.

Initiatives to help you care for those with chronic disease Aboriginal and Torres Strait Islander Health

Assessment (MBS item 715)

Offering a comprehensive health assessment (MBS item 715) provides an opportunity to check for risk factors and chronic disease and to begin the process of developing a care plan if needed.

The Practice Incentives Program Indigenous Health Incentive (PIP)

Registering Aboriginal and/or Torres Strait Islander patients who have a chronic disease will help you to provide them with best-practice chronic illness management and active follow-up, and will provide your practice/service with a range of incentive payments through the Australian Government's PIP Indigenous Health Incentive.

The PBS Co-payment measure

You can prescribe more affordable, and in some instances free, PBS medicines for registered Aboriginal and/or Torres Strait Islander patients who meet the measure's eligibility criteria.

Integrated Team Care -Care Coordination and Supplementary Services

You can access assistance in care coordination for your Aboriginal and/or Torres Strait Islander patients with complex care needs.

Benefits for Aboriginal and Torres Strait Islander Patients

Earlier detection of chronic disease and risk factors

All Aboriginal and Torres Strait Islander patients are eligible to receive annual Aboriginal and Torres Strait Islander Health Assessments. These help to screen for risk factors and identify chronic diseases that could be managed through medical treatment.

Practical support

Local Aboriginal and Torres Strait Islander Outreach Workers may be available to organise transport or help organise attendance for patients at follow-up appointments and appointments with other health providers.

The Care Coordination and Supplementary Services Program provides a flexible funding pool to enable Aboriginal and Torres Strait Islander patients with chronic disease to access specialist and allied health services, as outlined in their care plan.

Improved access to affordable medicines

Accredited practices and practices working towards accreditation, including Aboriginal Community Controlled Health services can prescribe more affordable PBS medicines for eligible Aboriginal and Torres Strait Islander patients with, or at risk of, chronic disease, and who meet the measure's needs-based criteria.

Benefits for General Practices and Aboriginal Community Controlled Health Services

Additional resources

Accredited Aboriginal Community Controlled Health Services and General Practices and those working towards accreditation are eligible to access significant additional resources through the new PIP Indigenous Health Incentive.

Ability to prescribe PBS medicines that patients can afford to fill

Increased access to PBS medicines will help improve the prevention and management of chronic disease for Aboriginal and Torres Strait Islander people. The PBS Co-payment measure is available for patients with, or at risk of, chronic disease who also meet needs-based criteria.

General Practitioner checklist

✓ Prepare practice as needed for Indigenous chronic disease management (develop recall system, update records)

✓ Undertake cultural awareness training for at least two staff as required for the for PIP-IHI

✓ Register practice/Indigenous health organisation with Medicare Australia for the PIP-IHI

✓ Establish process for asking patients about Aboriginal status

✓ Include patient's family

✓ Assess for chronic disease and risk factors through Aboriginal Health Assessment (MBS Item 715)

✓ Seek patient consent and register patient for PIP-IHI and/or PBS Co-payment measure

✓ Develop a care plan

✓ Ring and refer to specialists and allied health providers

✓ Refer to care coordination and supplementary services if appropriate

✓ Annotate PBS prescriptions for registered patients for cheaper medicines

✓ Recall patient and review care plan on a regular basis

✓ Re-register patient annually (for PIP-IHI only)

2. How to identify Aboriginal and/or Torres Strait Islander patients For General Practices

These initiatives rely on practices having a system in place to ask all patients whether they are of Aboriginal and/or Torres Strait Islander origin.

Part of accreditation requirements under the Royal Australian College of General Practitioners Standards for General Practices (3rd Ed) is to correctly and consistently record Aboriginal and/ or Torres Strait Islander status in active patient records.

Why ask?

It is best to ask your patient if they identify themselves as being of Aboriginal and/or Torres Strait Islander origin or heritage. Identification is based on the individual's preference and sense of identity, not their physical attributes.

Asking a patient can be done in a few ways.

The inquiry can be made by practice staff either verbally or through a written form that patients can complete to provide or update their client information. The GP may also ask as part of routine medical history taking at the patient's first consultation.

If patients of Aboriginal and/or Torres Strait Islander origin are correctly identified, health care providers will be able to offer services specifically designed to support them such as the Aboriginal and Torres Strait Islander health assessments (MBS item 715), follow-up services by a Practice Nurse or registered Aboriginal Health Practitioners (MBS item 10987) and follow-up services by registered allied health professionals (MBS item 81300 to 81360).

How do I ask?

Suggestion

Aboriginal and Torres Strait Islander people are at risk of certain illnesses more than non-Aboriginal. We want to make sure that we give you thorough and proper care which is tailored to your needs as an Aboriginal or Torres Strait Islander person.

You can ask verbally:

'Are you (is the person) of Aboriginal and/or Torres Strait Islander origin?'

Or you can include the following text in a form when updating client information:

Question

The following question should be asked of all patients to establish their Aboriginal and/or Torres Strait Islander status:

'Are you (is the person) of Aboriginal and/or Torres Strait Islander origin?'

Response options:

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'yes' boxes.)

- ❍ No
- ❍ Yes, Aboriginal
- ❍ Yes, Torres Strait Islander

Alternatively, a fourth response category may also be included if this better suits the data collection practices of the agency or establishment concerned:

- ❍ Yes, both Aboriginal and Torres Strait Islander

Source: Australian Institute of Health and Welfare's 2010 National best practice guidelines for collecting Indigenous status in health data sets

3. Accessing the Practice Incentives Program (PIP) Indigenous Health Incentive

Background

The PIP Indigenous Health Incentive aims to support General Practices and Aboriginal Community Controlled Health Services to provide better health care for Aboriginal and Torres Strait Islander patients, including best practice management of chronic disease.

Eligibility

To be eligible for the PIP Indigenous Health Incentive sign-on payment, the practice/service must:

- Participate in the PIP; and
- Meet the requirements of the sign-on payment

Payments and requirements of the PIP Indigenous Health

Component	Payment	Activity required for payment
Sign-on Payment	$1000 per practice/service	One-off payment to practices/services that agree to undertake specified activities to improve the provision of care to their Aboriginal and Torres Strait Islander patients with a chronic disease.
Patient Registration Payment	$250 per eligible patient per calendar year	A payment to practices/services for each Aboriginal and/or Torres Strait Islander patient aged 15 years and over, registered with the practice/service for chronic disease management.
Outcomes Payment Total: up to $250	Tier 1: $100 per eligible patient per calendar year Tier 2: $150 per eligible patient per calendar year	Payment to practices/services for each registered patient for whom a target level of care is provided by the practice/service in a calendar year. Payment to practices/services for providing the majority of care for a registered patient in a calendar year.

Components

1. Sign on payment

To sign on for the PIP Indigenous Health Incentive, practices/services are required to:

- Seek consent to register eligible Aboriginal and/or Torres Strait Islander patients for the PIP Indigenous Health Incentive and/or the Pharmaceutical Benefits Scheme (PBS) Co-payment measure with Medicare Australia;
- Establish and use a mechanism to ensure Aboriginal and Torres Strait Islander patients with chronic diseases are followed up;
- Undertake cultural awareness training by at least two staff (one of whom must be a GP) within 12 months
- Annotate PBS prescriptions for Aboriginal and/or Torres Strait Islander patients participating in the PBS Co-payment measure.

2. Patient registration payment

Payable once per patient per year. A payment is made to practices/services for each Aboriginal and/ or Torres Strait Islander patient registered by the practice who:

- has had, or been offered, a health check;
- has a chronic disease;
- has a current Medicare card; and
- has provided consent to be registered for the PIP Indigenous Health Incentive.

3. Outcome payments

Tier 1 outcome payment – Chronic disease management

$100 per patient paid in the quarter following the provision of required services to practices/services that:

- Prepare GP Management Plan (GPMP) (Item 721) or coordinate the development of Team Care Arrangement (TCA) (Item 723), and undertake at least one review of the GPMP or TCA (item 732) within the same calendar year; OR
- Undertake two reviews of the patients’ existing
- GPMP or TCA during the calendar year; OR
- Contribute to the development or review of a multidisciplinary care plan for a patient in a Residential Aged Care Facility (Item 731) on two occasions during the calendar year.

Tier 2 outcome payment – Total patient care

$150 per patient to the practice/service (regardless of where initial registration occurred) that provides the majority of eligible MBS services for the patient (minimum of five MBS item services) during the calendar year (includes Tier 1 services).

For more information

Practices/services can phone the PIP Team on **1800 222 032** to confirm whether or not an eligible patient is currently registered with another practice/service.

https://www.humanservices.gov.au/health-professionals/forms/ip026

https://www.humanservices.gov.au/health-professionls/forms/ip017

file://dc/VDI%20Redirect/mrobinson/Downloads/ip009-1704en-f.pdf

https://www.humanservices.gov.au/health-professionals/forms/ip019

4. Aboriginal and Torres Strait Islander health assessments (MBS item 715)

Who is this document for?

- General Practices
- Aboriginal Community Controlled Health Services and other Indigenous Health Services

Fee	Benefit	Frequency	Assistance
$212.25	100% = $212.25	Annual (not more than once during a 9 month period)	An Aboriginal Health Worker/ Practitioner or Practice Nurse can assist the medical practitioner with information collection and with providing patient's information about recommended interventions.

Background

The aim of this MBS Aboriginal and Torres Strait Islander health assessment item is to help ensure that Aboriginal and/or Torres Strait Islander people receive primary health care matched to their needs, by encouraging early detection, diagnosis and intervention for common and treatable conditions that cause morbidity and early mortality.

Eligible practitioners

This health assessment item may only be claimed by a medical practitioner (including a General Practitioner but not including a specialist or consultant physician).

Patient eligibility

For the purpose of this item, a person is an Aboriginal and/or Torres Strait Islander person if they, or their parent or carer, identify them as being of Aboriginal or Torres Strait Islander descent.

The MBS Aboriginal and Torres Strait Islander health assessment covers the full age spectrum. The requirements for the Aboriginal and Torres Strait Islander Peoples Health Assessment MBS item 715 vary depending on the age of the Aboriginal and/or Torres Strait Islander person.

Health assessment components

The health assessment includes an assessment of the patient's physical, psychological and social wellbeing. It also assesses what preventive health care, education and other assistance should be offered to the patient to improve their health and wellbeing.

This health assessment must include:

- information collection: patient history and undertaking examinations and investigations as required;
- overall assessment of the patient;
- recommending appropriate interventions;
- providing advice and information to the patient;
- recording the health assessment; and
- offering the patient a written report with recommendations about matters covered by the health assessment.

Optional:

Offering the patient's carer (if any, and if the medical practitioner considers it appropriate and the patient agrees) a copy of the report or extracts of the report relevant to the carer.

Type 2 diabetes risk management

Patients between 15–54 years of age who are at high risk of developing type 2 diabetes, as determined by the Australian type 2 diabetes risk assessment tool (AUSDRISK), may be referred to a subsidised lifestyle modification program

Restrictions

MBS item 715 does not apply for services that are provided by any other Australian Government, and most state funded services. However, where an exemption under subsection 19(2) of the Health Insurance Act 1973 has been granted to an Aboriginal and Torres Strait Islander Community Controlled Health Service or state/territory government health clinic, MBS item 715 can be claimed for services provided by medical practitioners salaried by or contracted to, the service or health clinic so long as all requirements of the item are met.

Guidelines and resources

- MBS Online: www.health.gov.au/mbsonline

The Australian type 2 diabetes risk assessment tool:
http://www.health.gov.au/ preventionoftype2diabetes

5. Medicare Benefits Schedule (MBS) items

Who is eligible?

Aboriginal and/or Torres Strait Islander people (as identified by self or a parent/carer)

Aim

To improve the rate of preventive health checks and to improve the management of chronic disease within the Aboriginal and Torres Strait Islander community. The below information provides a quick reference of the relevant MBS item numbers.

Item 715: Aboriginal and Torres Strait Islander Health Assessment

Available to all Aboriginal and Torres Strait Islander people, but requirements vary according to age group: 0-14, 15-54, and 55+ years of age.

Fee	Benefit	Frequency	Assistance
$212.25	100% = $212.25	Place other than a hospital or residential aged care facility	Once in a 9 month period

Item 10987: Follow up service by a Practice Nurse or registered Aboriginal Health Practitioner

Follow-up services for an Aboriginal and/or Torres Strait Islander person who has received a health check.

Fee	Benefit	Frequency
$24.00	100% = $24.00	Maximum of 10 services per year

Items 81300 to 81360: Follow-up allied health services

Available to any Aboriginal and/or Torres Strait Islander person who has had a health check, during which the need for follow-up allied health services is identified.

Fee	Benefit	Frequency
$62.29	85% = $52.95	Maximum of five health services per year

Item	Description
81300	Aboriginal Health Service
81305	Diabetes Education Service
81310	Audiology Service
81315	Exercise Physiology Service
81320	Dietetics Service
81325	Mental Health Service
81330	Occupational Therapy Service
81335	Physiotherapy Service
81340	Podiatry Service
81345	Chiropractic Service
81350	Osteopathy Service
81355	Psychology Service
81360	Speech Pathology Service

Items 81300-81360 are available in addition to items 10950-10970 or they provide an alternative pathway to allied health services for Aboriginal and/or Torres Strait Islander people.

Items 721 – 732: Chronic disease management

These items are NOT specifically for Aboriginal and/or Torres Strait Islander people but have been included here because they can be accessed as part of chronic disease management.

Item	Description	Fee	Benefit	Frequency #
721	Preparation of a GP Management Plan (GPMP)	$144.25	75% = $108.20	12 months
723	Coordination of Team Care Arrangements (TCAs)	$114.30	75% = $85.73	12 months
729	Contribution to, or review of, a Multidisciplinary Care Plan for patients not in a residential aged care facility	$70.40	100%= $70.40	3 months
731	Contribution to, or review of, a Multidisciplinary Care Plan for patients in a residential aged care facility	$70.40	100% =$70.40	3 months
732	Review of a GP Management Plan or coordination of a review of Team Care Arrangements	$72.05	75% =$51.00	3 months

 # CDM services may be provided more frequently in exceptional circumstances.

Items 10950 and 10997: Services provided by a Practice Nurse or Aboriginal Health Practitioner

These items are NOT specifically for Aboriginal and/or Torres Strait Islander people but for eligible persons with a chronic condition.

Item	Description	Fee	Benefit	Frequency
10950	Aboriginal or Torres Strait Islander health service by an eligible Aboriginal Health Practitioner (for persons with chronic condition and complex care needs)	$62.95	85% = $52.95	Maximum of five services per year (includes 10950)
10997	Service provided by a Practice Nurse or registered Aboriginal Health Practitioner	$12.00	100% = $12.00	

Additional MBS items provided by a Nurse or registered Aboriginal Health Practitioner

These items are NOT specifically for Aboriginal and/or Torres Strait Islander patients but have been included here because they can be provided by an Aboriginal Health Practitioner.

Item	Description	Fee	Benefit	Frequency
16400	Antenatal service by a Midwife, Nurse or registered Aboriginal Health Practitioner provided at or from a practice in RRMA	$27.30	85%= $23.20	10 services per pregnancy
10988	Immunisation provided by a registered Aboriginal Health Practitioner	$12.00	100%=$12.00	n/a
10989	Wound treatment by a registered Aboriginal Health Practitioner	$12.00	100%=$12.00	n/a

6. Chronic Disease Follow-up Services (MBS items 10950 and 10997)

Who is this document for?

- General Practices
- Aboriginal Community Controlled Health Services and other Indigenous Health Services

These items are NOT specifically for Aboriginal and/ or Torres Strait Islander people but any person with a chronic condition.

Item	Description	Fee*	Benefit	Frequency
10950	Aboriginal or Torres Strait Islander health service by an eligible Aboriginal Health Practitioner (For persons with a chronic condition and complex care needs)	$62.95	85% = $52.95	Maximum of five services per year (includes both 10950 and 10997)
10997	Service provided by a Practice Nurse or registered Aboriginal Health Practitioner	$12.00	100% = $12.00	

Patient eligibility

Items 10950 and 10997 are NOT specific to Aboriginal and/or Torres Strait Islander people. Patients with a chronic condition may be eligible.

Eligible practitioners

An eligible Aboriginal Health Practitioner is an Aboriginal Health Practitioner who has certificate level 4 and is registered with Medicare Australia to provide the MBS Item.

Practice Nurse means a registered or enrolled nurse or Nurse Practitioner who is employed by, or whose services are otherwise retained by, a General Practice.

10950: Aboriginal Health Practitioner Service

This item may only be accessed by a patient with a GP Management Plan and Team Care Arrangements OR by a resident of an aged care facility whose medical practitioner has contributed to a Multidisciplinary Care Plan (items 721, 723, 729, 731 and 732).

Item 10950 is for an Aboriginal or Torres Strait Islander health service provided to a person by an eligible Aboriginal Health Practitioner.

To claim this item, the following criteria must be met:

- the service must be recommended as part of a Team Care Arrangement or Multidisciplinary Care Plan;
- the service is of at least 20 minutes duration;
- the person is referred to the eligible Aboriginal Health Practitioner by the medical practitioner using a referral form that has been issued by the Department of Health or a referral form that contains all the components of the form issued by the department.
- or registered Aboriginal Health Practitioner.

Item 10997 may only be accessed by a patient with a GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan (items 721, 723, 729,731 and 732).

This item will assist patients who require access to ongoing care, routine treatment and ongoing monitoring and support between the more structured reviews of the care plan by the patient's usual GP.

Item 10997 may be used to provide:

- Checks on clinical progress;
- Monitoring medication compliance;
- Self management advice; and
- Collection of information to support GP reviews of care plans.

Items 10950 and 10997 do not apply for services that are provided by any other Commonwealth or state funded services. However, where an exemption under subsection 19(2) of the Health Insurance Act.

1973 has been granted to an Aboriginal Community Controlled Health Service or state/territory government health clinic, Items 10950 and 10997 can be claimed for services provided by Practice Nurses or registered Aboriginal Health Practitioner salaried by, or contracted to, the service or health clinic. All requirements of the item must be met.

7. Allied health follow-up services (MBS items 81300-81360)

Who is this document for?

- General Practices
- Aboriginal Community Controlled Health Services and other Indigenous Health Services

Fee	Benefit	Frequency
$62.95	85% = $52.95	Maximum five health services per year

Patient eligibility

A person who is of Aboriginal and/or Torres Strait Islander descent may be referred by their GP for allied health services under items **81300 to 81360** when the GP has undertaken a health assessment and identified a need for follow-up allied health services.

Items **81300 to 81360** are available in addition to items **10950 to 10970**, and they provide an alternative referral pathway for Aboriginal and/or Torres Strait Islander people to access allied health services.

Eligible practitioners

Items **81300 to 81360** can only be claimed for services provided by eligible allied health professionals who are registered with Medicare Australia. Allied health professionals who are already registered with Medicare do not need to register again to claim these items.

There are specific eligibility requirements for allied health professionals providing services under these items and full item descriptions should be reviewed before undertaking these services.

Items 81300 to 81360: Allied health services

These items are available to Aboriginal and/or Torres Strait Islander people who have had a health check (except 81305 which does not require a health assessment).

Services provided by eligible allied health professionals under these items must meet the specific requirements set out in the item descriptors. These requirements include:

- Service is of at least 20 minutes duration;
- Service is provided to the person individually (i.e. not as part of a group service) and in person (i.e. the allied health professional must personally attend the patient);
- Person is not an admitted patient of a hospital;
- Allied health professional must provide a written report to the GP;
- If the patient has private health insurance, he/she cannot use their private health insurance ancillary cover to 'top up' the Medicare rebate paid for these services.

Item	Description
81300	Aboriginal Health Service
81305	Diabetes Education Service
81310	Audiology Service
81315	Exercise Physiology Service
81320	Dietetics Service
81325	Mental Health Service
81330	Occupational Therapy Service
81335	Physiotherapy Service
81340	Podiatry Service
81345	Chiropractic Service
81350	Osteopathy Service
81355	Psychology Service
81360	Speech Pathology Service

Restrictions

Items 81300 to 81360 do not apply for services that are provided by any Australian Government or state or territory government funded services or provided to an admitted patient of a hospital. However, where an exemption under subsection 19(2) of the Health Insurance Act 1973 has been granted to an Aboriginal Community Controlled Health Service or state/territory health clinic, items 81300 to 81360 can be claimed for services provided by eligible allied health professionals salaried by, or contracted to, the service or health clinic. All requirements of the relevant item must be met, including registration of the allied health professional with Medicare Australia. Medicare services provided under a subsection 19(2) exemption must be bulk billed.

8. Follow-up services provided by a Practice Nurse or registered Aboriginal Health Practitioner (MBS item 10987)

Who is this document for?

- General Practices
- Aboriginal Community Controlled Health Services

Item	Description	Fee	Benefit	Frequency
10987	Follow-up service provided by a Practice Nurse or registered Aboriginal Health Practitioner, on behalf of a medical practitioner, for an Aboriginal and/or Torres Strait Islander who has received a health assessment (item 10987)	$24.00	100%	Maximum 10 services per year

Item 10987 will assist Aboriginal and Torres Strait Islander patients who have received a health check which has identified a need for follow-up services which can be provided by a Practice Nurse or registered Aboriginal Health Practitioner between further consultations with the patient's GP.

Patient eligibility

Item 10987 may be accessed by an Aboriginal and/or Torres Strait Islander patient who has received a health assessment, for example, Aboriginal and Torres Strait Islander Adult Health Check, and health assessments for people of Aboriginal or Torres Strait Islander descent aged 55 years or older (all services provided under MBS item 715).

Eligible practitioners

Item 10987 may be claimed by a medical practitioner, where a follow-up service is provided by a Practice Nurse or registered Aboriginal Health practitioner on behalf of that medical practitioner for an Aboriginal and/or Torres Strait Islander person who has received a health assessment.

Item description

Item 10987 may be used to provide:

- examinations/interventions as indicated by the health assessment;
- education regarding medication compliance and associated monitoring;
- checks on clinical progress and service access;
- education, monitoring and counselling activities and lifestyle advice;
- taking a medical history; and
- prevention advice for chronic conditions, and associated follow-up.

To claim this item, each of the following criteria must be met:

- the service is provided on behalf of and under the supervision of a medical practitioner;
- the person is not an admitted patient of a hospital; and
- the service is consistent with the needs identified through the health assessment.

Restrictions

Item 10987 does not apply for services that are provided by any other Australian Government or state funded services. However, where an exemption under subsection 19(2) of the Health Insurance Act 1973 has been granted to an Aboriginal Community Controlled Health Service or state/territory government health clinic, item 10987 can be claimed for services provided by Practice Nurses or registered Aboriginal Health Practitioners salaried or contracted to the service or health clinic. All requirements of the item must be met.

9. Accessing the PBS Co-payment Measure

Who is this document for?

- General Practices
- Aboriginal Community Controlled Health Services and other Indigenous Health Services

Background

As part of the funding provided by the Department of Health, eligible practices/services can prescribe more affordable PBS medicines for Aboriginal and Torres Strait Islander patients with, or at risk of, chronic disease.

Patient eligibility

The benefit is available to Aboriginal and/or Torres Strait Islander people of any age who present with an existing chronic disease or are at risk of chronic disease and in the opinion of the prescriber:

- Would experience setbacks in the prevention or ongoing management of chronic disease if the person did not take the prescribed medicine; and
- Are unlikely to adhere to their medicines regimen without assistance through the measure.

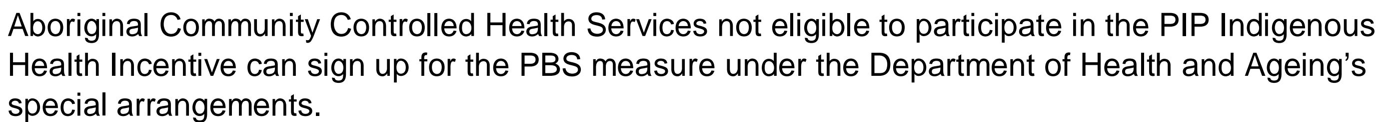
In assessing whether patients meet the above needs-based criteria, prescribers may use the following guidance:

- the patient is currently holding a concessional entitlement card for PBS benefits, or is eligible to receive such benefits; or
- the patient is currently not holding a concessional entitlement card for PBS benefits, and is not eligible to receive such benefits, but shows one of the following:
    - a history of evidence of foregoing medicines;
    - evidence that health is failing because of non- compliance with medicines;
    - social and/or legal obligations for a large family including guardianship of children; or
    - existence of co-morbidities and need for three or more prescribed medicines.

Patients can choose to register for the PBS Co-payment measure only, or in addition to the PIP Indigenous Health Incentive.

Provider eligibility

General Practices and non-remote Aboriginal Community Controlled Health Services registered for the PIP Indigenous Health Incentive.



Aboriginal Community Controlled Health Services not eligible to participate in the PIP Indigenous Health Incentive can sign up for the PBS measure under the Department of Health and Ageing's special arrangements.

Medical specialists to whom a registered patient has been referred by one of the above health services.

Registering patients

1. Determine eligibility for the PIP Indigenous Health Incentive and/or the PBS Co-payment measure;
2. Provide the patient (or parent/guardian) with a Patient Information Sheet. After the patient has read the information and/or you have explained it to them, and you are satisfied that they have understood what you have said, ask the patient (or parent/guardian) to complete the Patient Consent Form;
3. On the Patient Consent Form there is a tick-box option for each incentive – the PIP Indigenous Health Incentive and the PBS Co-payment measure. Your patient should tick the box next to the program(s) they wish to be part of;
4. Once the patient has signed the Patient Consent Form, you should complete a Patient Registration Form. Upon completion of the Patient Registration Form you can begin annotating the patient's scripts. Both the Patient Consent and Patient Registration Forms should be kept on file at the practice/service (either in hard copy or electronically);
5. A copy of the Patient Registration Form should be sent to Medicare Australia via HPOS. Practices/services may be eligible to receive a patient registration payment if the patient is also participating in the PIP Indigenous Health Incentive.

Forms available at: https://www.humanservices.gov.au/health-professionals/forms/ip017

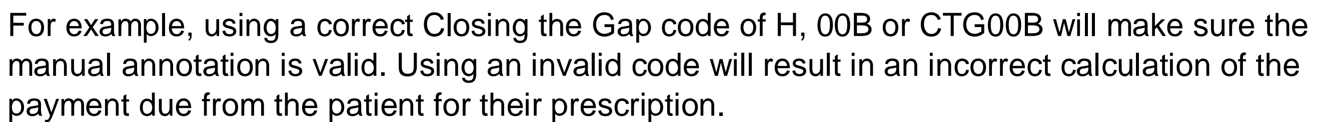
Annotation of prescriptions under the measure

You will need to annotate the prescriptions of registered patients to indicate that they are to be dispensed with co-payment relief. Upon presenting a correctly annotated prescription to a pharmacy for dispensing, your patient will be supplied the medicine at the reduced rate.

Processing annotated prescriptions

Prescribers must annotate the prescription with the letters 'CTG', their initials and signature.

When you receive a manually annotated prescription and are processing that prescription through your dispensing software, you must ensure that the Closing the Gap code is entered correctly into your processing software either manually or automatically. The correct code to use will depend on your dispensing software.



For example, using a correct Closing the Gap code of H, 00B or CTG00B will make sure the manual annotation is valid. Using an invalid code will result in an incorrect calculation of the payment due from the patient for their prescription.

Referring registered patients to a specialist

Medical Specialists to whom a registered patient has been referred are also able to annotate 'CTG' prescriptions under this measure.

To help inform the specialist of the benefits of the measure for your referred patient, you may wish to include the following words or similar in your referral:

"John Citizen is eligible for extra assistance with the cost of medicines. To ensure he is able to access this, please annotate the top of any prescriptions with the letters 'CTG' and initial."

PBS co-payments under the measure

Eligible patients who would normally pay the full PBS co-payment will pay the concessional rate. Those who normally pay the concessional price will not be required to pay a PBS co-payment, with the exception of a small number of medicines which have premiums that will still need to be paid by the patient.

All PBS medicines are covered under the measure whether or not the medicines are being used to treat chronic or acute medical conditions.

The cost of filling dose administration aids such as Webster packs is a service fee that is negotiated between the individual patient and pharmacist and is not covered under the PBS measure. The measure only relates to the cost of the PBS medicines that the patient receives.

Further information

For detailed information about the eligibility requirements for the PIP Indigenous Health Incentive and the PBS Co-payment, please refer to: https://www.humanservices.gov.au/health-professionals/enablers/education-guide-closing-gap-pbs-co-payment-measure-supporting-indigenous-health

10. Integrated Team Care - Care Coordination and Supplementary Services

Background

The Program supports Aboriginal and/or Torres Strait Islander people with chronic disease to better access specialist, GP and allied health services.

Aboriginal and/or Torres Strait Islander people who are identified as needing more complex chronic disease management or support to access services can be referred to the Integrated Team Care (ITC) Care Coordination and Supplementary Services.

The Program is commissioned by the Adelaide PHN to the service delivery organisation, The Northern Health Network, who deliver the program across metropolitan Adelaide.
http://www.northernhealth.net/closing-the-gap/

Telephone (08) 8209 0700

Patient eligibility

To be eligible for care coordination under the ITC program, Aboriginal and/or Torres Strait Islander need to;

- have a GP Management plan, or be supported to work through that process with their GP
- be enrolled for chronic disease management in a General Practice or Aboriginal Controlled Health Service; and
- be recommended by their GP or other health service.

Priority should be given to patients most in need of care coordination services to obtain improved health outcomes.

As a guide, patients most likely to benefit from the service include:

- Patients who are at greatest risk of experiencing otherwise avoidable (lengthy and/or frequent) hospital admissions;
- Patients at risk of inappropriate use of services, such as hospital emergency presentations;
- Patients not using community based services appropriately or at all;
- Patients who need help to overcome barriers to access services;
- Patients who require more intensive care coordination than is currently able to be provided by General Practice or Aboriginal Health Service staff; and
- Patients who are unable to manage a mix of multiple community-based services.

Integrated Team Care (ITC) - Care Coordination and Supplementary Services

The ITC program contributes to improved health outcomes for Aboriginal and/or Torres Strait Islander people with chronic health conditions through the following two components:

1. Care coordination provided to Aboriginal and/ or Torres Strait Islander patients with a chronic disease.
2. Supplementary Services that assist patients receiving care coordination under the ITC program. Funds are available to provide access to medical specialists and allied health services that are in accordance with the patient’s care plan. The funds may also be used to assist with the cost of local transport to health care appointments and medical aides.

Supplementary Services

When there is a barrier to care, such as lack of available appointments with a publicly funded provider or access to affordable local transport, providers may access the program. Supplementary Services funding to expedite the patient’s access to these services in the private sector.

The Supplementary Services funding can be used flexibly to assist patients in the ITC program to access medical specialists and allied health services where these services are in accordance with the patient’s care plan.

Priority allocation of supplementary services funding

The Supplementary Services pool cannot fund all of the follow-up care required by patients in the CCSS program. Pool funds should only be used where other publicly funded services are not readily available.

As the Supplementary Services funding is a limited resource, priority for the use of these funds should be given to responding to urgent needs. The funds should be used to purchase services that:

- Address risk factors, such as a waiting period for a service longer than is clinically appropriate;
- Reduce the likelihood of a hospital admission or shorten a patient’s stay in a hospital, and are not available through other funding sources;
- Ensure access to a clinical service that would not be accessible because of the cost of a local transport service; and
- Are not available through other funding.

Further information
https://www.health.gov.au/internet/main/publishing.nsf/Content/D2046EAB2B87A70DCA257F370017F288/$File/ITC%20Program%20Implementation%20Guidelines.pdf