AIDA
The Australian Indigenous Doctors' Association
ABN: 84 131 668 936

PIPRedesign@health.gov.au
Primary Healthcare Branch
Health Services Division
Department of Health
MDP 24, GPO Box 9848
Canberra City ACT 2601

Dear PIP Redesign Team

Re: AIDA submission into the Redesign of the Practice Incentives Program consultation process

I am writing in my capacity as President of the Australian Indigenous Doctors' Association (AIDA) to offer some feedback on behalf of my organisation to the redesign of the Practice Incentives Program (PIP). AIDA appreciates the opportunity to engage with this consultation process around a reform that has the potential to impact the way in which health care is delivered to Aboriginal and Torres Strait Islander people across all modes of primary health care service delivery.

AIDA is the peak body representing Aboriginal and Torres Strait Islander doctors and medical students and advocates for improvements in Aboriginal and Torres Strait Islander health. AIDA also works to achieve parity of Indigenous health professionals across the health sector, and shape a health system that is culturally safe, high quality, reflective of need and which respects and incorporates Aboriginal and Torres Strait Islander cultural values.

Many of our members are general practitioners and GP registrars also work in Aboriginal Community Controlled Health Organisations (ACCHOs), thus any reforms to the PIP will have a direct impact on the ability of the Aboriginal and Torres Strait Islander medical workforce to meet the health care needs of our Indigenous population.

AIDA notes the relatively small timeframe given to this consultation process, and as such we have not been in a position to undertake comprehensive consultation and engagement with our members on the views of Aboriginal and Torres Strait Islander doctors on the proposed PIP redesign. It is for this reason that we make the following broad and high-level points that we hope are still of relevance to your ongoing considerations regarding the best way forward with this reform.

Streamlining Administration

AIDA is supportive of measures that reduce the administrative burden on ACCHOs, primary health care service providers and GP clinics in the delivery of health care to Aboriginal and Torres Strait Islander people. We note from the consultation paper that the proposed PIP redesign aims to support practices to find ways to work that:

- are flexible
- support quality improvement
- align to the evolving context of Australian primary health care, and
- are consistent with Australian Government policy priorities.

AIDA is supportive of these objectives, but in addition to these would like to reiterate the importance of a well-resourced and culturally safe health care system that not only enables and supports service providers to give the best possible care to Aboriginal and Torres Strait Islander people, but provides them with an incentive to so.

We support health care policy that integrates strategies and practical measures to close the gap on the unacceptable disparity in health outcomes for Indigenous and non-Indigenous Australians. In the context of the PIP redesign, we would like to reiterate the importance of ensuring that close the gap targets continue to inform new health care policy where relevant, and that there are no adverse impacts on existing health measures that have been designed with the express purpose of achieving the close the gap targets.

Financial Modelling

AIDA notes from the available information that has been provided in this consultation process that the financial modelling for the PIP redesign is pending. We note that without this information, it is not possible to offer constructive feedback on the potential implications of changes at the operational level to the existing PIP.

With respect to the proposal that PIP initiatives could be delivered via a third party provider, such as independent organisations or Primary Health Networks (PHNs), AIDA is of the view that resources that support practices to implement quality improvement initiatives are invaluable, it is difficult to understand how a third party fundholding model could add value, particularly with respect to rural and remote practices. This form of fundholding has the potential of adding an additional layer of administration that the PIP would have to support. While his structure may increase efficiency for the Department in terms of administration but does have the potential to divert funds from general practices to the fundholding intermediaries.

AIDA takes the general view that any redesign of the PIP should not have an adverse financial impact on the operations of a health service delivering care to Aboriginal and Torres Strait Islander people. We also suggest that in addition to financial modelling, direct consultation with ACCHOs regarding how the changes would impact on their operations is essential in order to give the most comprehensive view of the implications of any policy change.

Indigenous Health Incentive

AIDA is concerned that the PIP Indigenous Health Incentive (IHI) is excluded from the list of incentives that will continue unchanged. As stated above, AIDA is supportive of measures that reduce the administrative burden on primary health care service providers, however we would like to make the following points regarding IHI, which may be subject to reform:

- The IHI is a significant source of income to health care providers with a large Aboriginal and Torres Strait Islander client base to support the specific and additional health care needs of this patient group. The three payments under this incentive all focus on supporting practices deliver comprehensive and coordinated care to address the health specific needs of Aboriginal and Torres Strait Islander communities:
    - Sign on - $1000 per practice
    - Patient registrations - $250 per patient per year and
    - Outcomes payments - Tier One targeting chronic disease management ($100 per patient per year) and Tier Two targeting total patient care ($150 per patient per year).
- The IHI, as it is currently designed, aligns with relevant outcomes-based item numbers on the Medicare Benefits Schedule, which forms part of the broader design of Commonwealth health measures that have been specifically developed to support the Closing the Gap strategy. AIDA notes from the consultation paper there is a risk that streamlining would impact on initiatives such as this. We strongly recommend ongoing and meaningful consultation with Aboriginal and Torres Strait Islander health peak organisations, ACCHOs and other relevant policy areas to ensure that any PIP redesign will not have an adverse impact on the current financial and health care delivery structures in place that support Aboriginal and Torres Strait Islander health.

Standardised Whole Patient Equivalents (SWPE) – Based incentives

AIDA recommends that the inequity in health outcomes for Aboriginal and Torres Strait Islander people, and the additional effort that must be applied to address these, particularly with respect to the Asthma, Cervical Screening and Diabetes Incentives should be reflected in the weighting of Standardised Whole

Patient Equivalents (SWPE), in addition to the gender and aged-based weightings currently in use. AIDA suggests that by including Aboriginal and / or Torres Strait Islander identity in the SWPE weighting calculation, practices would have an additional incentive, to prioritise these services for Aboriginal and Torres Strait Islander people.

Measures for Improvement

AIDA recognises and supports the importance of being able to effectively evaluate the impact of the PIP and, specifically, the need for Key Performance Indicators (KPIs) to support such evaluation. In particular, measurement of Aboriginal and Torres Strait Islander service delivery and health outcomes are essential in ensuring that the intended effects of the PIP are being delivered.

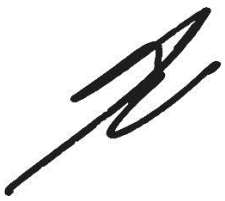
Consultation with Aboriginal and Torres Strait Islander health providers and peak bodies

We strongly recommend that more detailed consultation with ACCHOs and the peak Indigenous medical workforce bodies be undertaken with respect to any proposed changes to the PIP to ensure that any unintended consequences of reform on Aboriginal and Torres Strait Islander health care delivery can be averted in advance.

Thank you for the opportunity to state our views on the PIP reform agenda and I would like to offer our ongoing commitment to working with the Department further in ensuring that a redesigned PIP can deliver on the intention to meet the health care needs of Aboriginal and Torres Strait Islander people.

For any further comment or information on this submission, please contact AIDA CEO Craig Dukes by phone on (02) 6273 5014 or by email at Craig.Dukes@aida.org.au.

Yours sincerely



Dr Kali Hayward
President

30 November 2016