Aged & Community Care Providers Association
Suite 2, Level 2, 176 Wellington Parade,
East Melbourne, VIC 3002
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22 December 2023

Simon Cotterell
First Assistant Secretary
Primary Care
Department of Health and Aged Care
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Dear Simon,

RE: Review of General Practice Incentives

The Aged and Community Care Providers Association (ACCPA) appreciates the opportunity to provide feedback to inform the review of the general practice incentives. This submission has been prepared from an aged care perspective, to highlight areas that could strengthen the relevant incentives to support general practitioners (GPs) to deliver care to older Australians in aged care.

As you are aware, for older people living in residential aged care facilities (RACFs), timely access to GPs is a cornerstone of meeting their essential complex healthcare needs.[1] Access to GP care is key to keeping residents well and out of hospital. While GP service provision to RACFs has increased in the last decade[2], there is growing concern that it is inadequate to meet current and future demand.

Government policy objectives are focused on keeping people healthy and living in the community for longer. As Australians live longer, residents of RACFs will increasingly comprise those with high acuity and complex health care needs. Consequently, the demand for GP care for people living in RACFs (such as post Royal Commission into Aged Care Quality and Safety reform such as requirements for restrictive practices and involvement of GPs) will likely increase, placing even greater demands on the time and clinical expertise of GPs who practice in RACFs.[3]

ACCPA believes any incentives to support GPs to deliver care to residents in RACFs must appropriately support the provision of quality care for both the GP and the general practice. Importantly, the Government must ensure that these incentives are accessible and clinically appropriate, particularly given the potential benefits for patients/residents in aged care.

R1: Ensure that any incentives to support GPs to deliver care to residents in RACFs provide appropriate funding to support the provision of high-quality care for both the GP and the general practice.

ACCPA notes that this Review will assess the effectiveness of the current general practice incentive program. This includes the Practice Incentive Program (PIP) and the Workforce Incentives Program (WIP).

[1] Burgess et al (2015) General practice and residential aged care: A qualitative study of barriers to access to care and the role of remuneration. AMJ 2015; 8(5):161–169
[2] Sefton, C. and Battye, K. (2019) Getting GPs into residential aged care: time to rethink on remuneration model? 15th National Rural Health Conference
[3] Burgess et al (2015) General practice and residential aged care: A qualitative study of barriers to access to care and the role of remuneration. AMJ 2015; 8(5):161–169

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Practice Incentive Program

In the context of services delivered in RACFs, ACCPA believes these incentives will be more effective when GPs delivering services in these facilities have good understanding of applicable PIP payments and the requirements underpinning these payments.

Some ACCPA members have noted that their GPs are not very familiar with the requirements underpinning the various payments under the PIP as they apply to the delivery of care for residents in RACFs, in particular, the GP Aged Care Access Incentive (now GP Aged Care Incentive), After-hours Incentive, e-Health Incentive, and the Rural Loading Incentive. This has impacted on their ability to provide comprehensive and sustainable care to residents.

The government should also consider where these incentives are directed (e.g. to individual GPs or general practices) and whether the incentives are aligned with the desired activity. For example, funding should not be directed to a general practice if the goal is to incentivise individual GPs.

GP Aged Care Incentive (GPACI)

ACCPA notes that under the MyMedicare program, the Government has allocated $112 million over four years in the General Practice in Aged Care Incentive (GPACI) to support every aged care resident to receive quality primary care services from a regular GP and practice.

GPs and practices registered in MyMedicare will receive an incentive for providing their registered patients in a RACF with regular visits and better care planning. RACF residents and GPs will be required to be registered with MyMedicare for GPs to access the GPACI. Though ACCPA notes that GPs will be required to do ten visits per year per resident, two of which cover care planning, health assessment or medication review. ACCPA members noted that the number of visits required is unreasonable, and not aligned to evidence or need.

Importantly, for many RACFs in rural and remote areas, access to GP care can be very difficult, and many have resorted to telehealth to support resident access to GP care, where appropriate. In the context of thin markets, the GPACI needs to provide flexibility regarding which services are delivered, including via telehealth where clinically appropriate.

RACFs are safe settings to use telehealth given the supports available to patients within an RACF (e.g. RACFs must now have a Registered Nurse onsite 24/7), and is an important means for patients to easily access their GP.

R2: Allow flexibility with regard to resident visit requirement to ensure GP visit is based on clinical need, as well allowing GPs to have access to the GPACI when delivering telehealth services to aged care residents in rural and remote areas, where clinically appropriate.

After-hours Incentive

ACCPA notes the After-hours Incentive is intended to support general practices to provide their patients with appropriate access to after-hours care.

However, there have been a number of changes in recent times that may impact on how after-hours care is delivered to RACF residents. These include the introduction of the mandatory 24/7 Registered Nurse requirement in RACFs (which may reduce the need for GP after-hours care), and the introduction of virtual emergency departments (EDs) in states such as South Australia and Victoria to support RACF residents, which ACCPA members have found very useful.

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In this context, there is a need for the After-hours Incentive Program Guidelines to be amended to reflect these recent changes, where appropriate, and to ensure that the After-hours Incentive is properly targeted and effective in supporting GPs to deliver services to aged care residents after-hours.

R3: Amend the After-hours Incentive Program Guidelines to reflect the introduction of the mandatory 24/7 Registered Nurse requirement in RACFs and, where appropriate, to account for the availability of virtual EDs in some areas to support after-hours care.

e-Health Incentive

ACCPA notes that the PIP e-Health Incentive (ePIP) aims to encourage general practices to keep up to date with the latest developments in digital health and adopt new digital health technology in order to help practices improve administration processes and patient care.

However, the lack of interoperability between systems used by RACFs and GPs results in multiple records and time-consuming information management processes. This issue is often cited as one of the key factors[4] that impact on the willingness and capacity of GPs to provide services in RACFs.

With the development of My Health Record (MHR) Conformant software and support provided by the Australian Digital Health Agency for RACFs to register with the MHR, it is anticipated that the majority of RACFs across Australia will have MHR integrated into their Clinical Information System by 2024.

To this end, ACCPA recommends that the ePIP be enhanced to incentivise GPs to use MHR for services delivered in RACFs, so GPs can access residents' health information in real time. This will be particularly useful in the event of a medical emergency and during times of transition, such as between hospital and aged care.

R4: Enhance e-PIP incentive to incentivise GPs to use My Health Record for services delivered in residential aged care facilities.

Rural Loading Incentive

The Rural Loading Incentive recognises the difficulties of providing care, often with little professional support, in rural and remote areas. The PIP Rural Loading Incentive is higher for practices in more remote areas, in recognition of the added difficulties of providing medical care.

ACCPA members report that although the incentive provides a welcome safety net, rural loading payments rates are insufficient to encourage GPs to relocate and deliver services to people in rural and remote areas. ACCPA therefore recommends that rural loadings be increased for GPs providing services to RACF residents in rural and remote areas.

R5: Increase the rural loadings for GPs delivering services to RACF residents in rural and remote areas.

[4] Iannuzi, A. (2019) Why GPs don't visit nursing homes. MJA Insight https://insightplus.mja.com.au/2019/11/why-gps-dont-visit-nursing-homes/

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Workforce Incentive Program

Geriatric syndromes often require multidisciplinary care management, which is a potential strength of primary care. This involves access to and coordination of appropriate and evidence-based medical and social interventions.[5]

In this context, primary care providers (including GPs, Nurse Practitioners and allied health professionals) all have a role to play in prevention and early intervention, due to their ability to identify disease at an early stage, their knowledge of the patient, including their social contact, and their capacity for ongoing chronic disease management.

ACCPA notes that the Workforce Incentive Program (WIP) Practice Stream supports general practices to engage nurses, allied health professionals, and/or Aboriginal and Torres Strait Islander health practitioners and health workers as part of a multidisciplinary team in all locations.

The WIP Practice stream, therefore, is a key enabler to support and provide greater integration of team-based care in the aged care settings. However, feedback from ACCPA members suggests that the effectiveness of the WIP Practice stream is being undermined by capped payments and uncompetitive payments. For example, the maximum payment of the WIP Practice stream is $130,000 per annum[6], regardless of how large the practice is. The inability of the WIP to fund competitive salaries also means that general practices have difficulty competing with hospitals and Local Health Districts to recruit nurse and allied health professionals.

R6: Consider restructuring the WIP payment (e.g., increasing the payment and/or uncapping the WIP) to support GPs delivering services to RACF residents as part of a multidisciplinary team.

If you have any questions or would like to discuss this submission, please contact Dr Moe Mahat at Mohamad.Mahat@accpa.asn.au.

Yours sincerely,

Roald Versteeg
General Manager, Policy and Advocacy
Aged & Community Care Providers Association

[5] Pond C.D. and Regan C. (2019) Improving the delivery of primary care for older people https://www.mja.com.au/journal/2019/211/2/improving-delivery-primary-care-older-people

[6] Department of Health and Aged Care (20230 Workforce Incentive Program Practice Stream https://www.health.gov.au/our-work/workforce-incentive-program/practice-stream