

Practice Incentives Program Quality Improvement Incentive (PIP QI) fact sheet



What is the PIP QI?

The Practice Incentives Program Quality Improvement Incentive (PIP QI) is a payment to encourage practices to participate in quality improvement activities, aimed at improving patient outcomes through the delivery of high-quality care. It was launched in August 2019.

What are the eligibility requirements for the PIP QI payments?

To participate in the PIP QI, practices must be accredited against The Royal Australian College of General Practitioners (RACGP) *Standards for general practices* (4th or 5th edition).

Practices need to register to participate in the PIP QI using their Provider Digital Access (PRODA) through their Health Professional Online Services (HPOS). Practices should advise their local Primary Health Network (PHN) when they register for the incentive. PHNs may require additional information from practices once they have applied for the PIP QI via HPOS.

Practices will be required to electronically submit the PIP Eligible Data Set from their general practice clinical information system to their local PHN on a quarterly basis. The PIP Eligible Data Set comprises de-identified patient data collected against 10 specified Improvement Measures.

General practices also need to commit to implement continuous quality improvement activities in partnership with their local PHN.

Do any current incentives cease with the commencement of the PIP QI?

Yes. Some Practice Incentive Payments and Service Incentive Payments have been impacted by the introduction of the PIP QI.

The following four Practice Incentive Payments and any associated Service Incentive Payments will no longer be available from 1 August 2019:

- Asthma Incentive
- Diabetes Incentive
- Cervical Screening Incentive
- Quality Prescribing Incentive.

How much is the PIP QI payment?

The amount of the PIP QI payment is dependent on the size of the practice and is a maximum payment of \$12,500 per quarter. Payments are based on \$5.00 per Standardised Whole Patient Equivalent, per year.

What are the Improvement Measures that are included in the PIP Eligible Data Set?

The 10 Improvement Measures are:

1. Proportion of patients with diabetes with a current glycated haemoglobin (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 chronic obstructive pulmonary disease (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 cardiovascular disease (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

In addition, identifying information about general practitioners (GPs) and general practices is collected. This identifying information is not part of the PIP Eligible Data Set and is collected to administer the PIP QI.

Why is data required for the PIP QI?

The intention is that data collected can be used to inform quality improvement at practice, regional and national levels.

How is the PIP Eligible Data Set protected?

It is intended that the privacy of the PIP Eligible Data Set will be maintained through a number of controls, including:

- no identified data should leave the practice's software
- suppression rules are applied to prevent the sharing of information where small numbers of patients are involved
- no data set linkage is permitted if there is a risk the PIP Eligible Data Set could be re-identified
- commercialisation of the PIP Eligible Data Set is not permitted
- collection, use and access is prescribed and monitored.

Access to the PIP Eligible Data Set by external researchers and other interested parties will be controlled by the Australian Institute of Health and Welfare (AIHW).

More information on the privacy controls can be found at the Australian Government Department of Health (DoH) [PIP QI guidance](#) (refer to PIP Eligible Data Set Data Governance Framework).

In addition to providing data, what quality improvement activities does my practice have to undertake to be eligible for the PIP QI?

The aim of the PIP QI is to reward practices for participating in continuous quality improvement activities in partnership with their local PHN.

There are no set targets for the Improvement Measures.

The definition of 'in partnership with your local PHN' is broad, and likely to be determined by the amount of support a general practice requires. For example, this may range from accessing self-service modules available on a PHN website or endorsed by the PHN, to highly supported quality improvement programs. It is up to each general practice to determine what type of support they require from their PHN.

Practices may wish to focus their quality improvement activities on the specified Improvement Measures. Alternatively, practices can choose to focus their activities on other areas. However, these areas must be informed by their clinical information system data and meet the needs of their practice population.

How will PHNs use the PIP Eligible Data Set?

The PIP Eligible Data Set will assist PHNs to:

- work with general practices to support quality improvement through reporting and feedback on managing the practice's patient population
- contribute to service planning and population health mapping at different levels, including PHN boundaries, local health districts, jurisdictional boundaries and at national level.

PHNs will share the aggregated data with the national data custodian – the AIHW – for national analysis and research.

Researchers may apply to access the data securely and in accordance with data access and release protocols, which will be developed in accordance with the PIP Eligible Data Set Data Governance Framework. The AIHW will not be collecting data for the first 12 months of the PIP QI Incentive; however, trial data exchanges will commence to ensure readiness for this to occur



What are the current issues with PIP QI?

Although the PIP QI was launched in August, there remains a number of outstanding issues for general practices wanting to participate, including:

- limited guidance regarding data transfer processes
- lack of clarity regarding privacy obligations for general practices and PHNs
- opt-out provisions for patients and GPs
- inadequate data-sharing agreements that do not provide details of risks and data security obligations
- lack of functionality in some of the data extraction tools to only extract the required data elements.

Many PHNs have been collecting general practice data for some time and have existing agreements and processes in place with practices. These existing arrangements generally collect more data than is required for the PIP QI. The RACGP is aware some PHNs are attempting to replicate these arrangements for PIP QI purposes.

General practices have been incorrectly advised they need to provide all of their data to receive the PIP QI. However, under the rules of the PIP QI, general practices only have to provide the data on the 10 Improvement Measures.

Practice owners should make sure any data-sharing agreements meet their needs, and clearly explain any risk and privacy obligations. The RACGP understands that the DoH is developing guidance for these agreements in response to concerns raised by the RACGP and other groups.

The RACGP is working to address these issues through the DoH, and recommends practices fully consider the PIP QI requirements before signing up.

Practices have until at least mid-October 2019 to sign up and provide data or apply for the PIP QI exemption using the form available at [PIP QI Incentive guidance](#).

Practices can withdraw from the PIP QI at any time via HPOS. Practices should advise their local PHN when they withdraw from the PIP QI.

Does my practice have to use a specific data extraction tool to extract the PIP Eligible Data Set?

No. As long as the PIP Eligible Data Set is submitted to the PHN in accordance with the relevant requirements of the PIP Eligible Data Set Data Governance Framework, the practice will meet the data-sharing eligibility requirement of the PIP QI Incentive. The two main data extraction tools in use are:

- [Pen Computing Systems CAT 4](#) – compatible with Medical Director 3, Best Practice and Zedmed
- [POLAR GP from Outcome Health](#) – compatible with Best Practice, Medical Director and Pracsoft

The RACGP understands clinical information system vendors are working on PIP QI reporting for general practice.

How can my practice submit the PIP Eligible Data Set?

General practices currently exchanging data with their PHN

A general practice can continue to utilise the data extraction tool method agreed with their local PHN to submit the PIP Eligible Data Set. Practices should be mindful that data beyond the PIP Eligible Data Set is often being extracted.

General practices not currently exchanging data with their PHN

General practices not currently exchanging data with their local PHN can:

- use the data extraction method offered by their local PHN to submit the PIP Eligible Data Set if their current clinical software is compatible with this method
- purchase or license their own data extraction tool that is compatible with their local PHN
- work with their clinical information system provider and local PHN to submit the PIP Eligible Data Set in accordance with the PIP Eligible Data Set Data Governance Framework.

General practices that cannot exchange data with their local PHN

General practices that cannot exchange data with their local PHN because they do not have compatible software or do not want to use the software offered by their PHNs can:

- work with their clinical information system provider and local PHN to create a compatible system to submit the PIP Eligible Data Set in accordance with the PIP Eligible Data Set Data Governance Framework
- apply to the DoH for a time-limited exemption and work towards operationalising a compatible system.



How do I apply for an exemption?

The DoH may give general practices up to 12 months to ensure they have sufficient time to work with their PHN and clinical information system provider on finding a solution that complies with the PIP QI Incentive Guidelines and the PIP Eligible Data Set Data Governance Framework.

If practices are granted an exemption from submitting data, this will remain in place until 31 July 2020 or until the issues preventing the practice from submitting data have been resolved. From 1 August 2020, all general practices participating on the PIP QI Incentive are required to submit PIP Eligible Data set to their local PHN each quarter.

General practices seeking a time-limited extension should review the [PIP QI Incentive Exemption application form and fact sheet](#) carefully to ensure they fully understand the requirements of being exempted from uploading the PIP Eligible Dataset to their PHN.

If a time-limited exemption is approved by the DoH, practices will need to work in partnership with their local PHN to meet the other requirements of the PIP QI Incentive. If a practice can demonstrate it is making genuine efforts to supply the data, the practice will remain eligible for payment for the relevant quarter while these transitions issues are managed.

Can patients opt out of sharing their de-identified data?

General practices should advise patients they are sharing de-identified data, for example by including informing in their practice privacy policy and making this available on the practice website and waiting room. A practice may provide patients with the opportunity to opt out. Software providers are required to support patient opt out with simple options to manage this. Contact your software provider for specific advice on how to do this.

Can GPs opt out of sharing their data?

Yes, software providers will be required to support individual clinician opt out. However, at this stage it is not clear how GPs can opt out. The RACGP is addressing this with the DoH.

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Where can I find out more information?

The DoH has released a number of resources to support practices to understand the PIP QI requirements and data governance arrangements including guidelines, FAQs and fact sheets. These can be found on the [PIP QI guidance](#) page.

Local PHNs can answer questions about the PIP QI including eligibility and quality improvement activities.

The Australian Government [Department of Human Services](#) can answer your questions regarding applying for the PIP QI, how payments are calculated and managing your participation online.

Clinical information system vendors

For queries regarding the PIP QI, the links below provide the contact details of the main general practice software providers:

- [Best Practice](#)
- [MedicalDirector](#)
- [Zedmed](#)
- [Genie Solutions](#)
- [Medtech global](#)
- [Stat Health Systems.](#)

RACGP resources

[Guiding principles for the secondary use of de-identified general practice data](#)

