

## Service Incentive Payments (SIPs)

### Summary of explanatory notes and web links

	Provision of good care for a patient with diabetes mellitus <sup>1</sup> (Completion of a diabetes cycle of care)  #2517, #2518, #2521, #2522, #2525, #2526, #2620, #2622, #2624, #2631, #2633, #2635	Provision of best practice care for a patient with moderate to severe <sup>2</sup> asthma (Completion of an asthma cycle of care)  #2546, #2547, ##2552, #2553, #2558, #2559, #2664, #2666, #2668, #2673, #2675, #2677	Provision of a cervical cancer screening service for a woman who is unscreened or significantly under-screened  #2497, #2501, #2503, #2504, #2506, #2507, #2509, #2598, #2600, #2603, #2606, #2610, #2613, #2616, #10995, #10999
Steps that must be taken to claim the Medicare item  (many of these elements may be performed by qualified allied health professionals)	At least twice every cycle of care: <ul style="list-style-type: none"> <li>Measure weight and height, calculate BMI, measure blood pressure, examine feet</li> </ul> At least once yearly: <ul style="list-style-type: none"> <li>Assess diabetes control by measuring HbA1c</li> <li>Measure total cholesterol, triglycerides and HDL cholesterol</li> <li>Test for microalbuminuria</li> </ul> At least once every two years: <ul style="list-style-type: none"> <li>Comprehensive eye examination</li> </ul> Also: <ul style="list-style-type: none"> <li>Provide self-care education and education regarding diabetes management</li> <li>Review diet, physical activity, smoking status and patient medication, and provide advice</li> </ul>	<ul style="list-style-type: none"> <li>At least two asthma-related consultations by a GP within 12 months, one of which (the review consultation) was planned at a previous consultation</li> <li>Documented diagnosis and assessment of level of asthma control, and severity of asthma</li> <li>Review of the patient's use of and access to asthma-related medication and devices</li> <li>Provision to the patient of a written asthma action plan (or if the patient is unable to use a written plan, discussion about an alternative method of providing an action plan, and documentation of this discussion in the patient's medical record)</li> <li>Provision of asthma self-management education to the patient</li> <li>Review of the written or documented action plan</li> </ul>	<ul style="list-style-type: none"> <li>Ensuring the patient, who is aged 20-69 inclusive, has not had a cervical smear in the last four years</li> <li>Taking a cervical smear</li> <li>Completing any other requirements of the relevant item number being claimed (see details of the relevant item number at <a href="http://www9.health.gov.au/mbs">www9.health.gov.au/mbs</a>)</li> </ul>
Medicare rules relating to frequency of service	Once per patient for any 11 to 13-month period	Once per eligible patient for any 12-month period, unless a further cycle is clinically indicated by exceptional circumstances	Can only be claimed when provided to a woman aged between 20–69 years inclusive who has not had a cervical smear in the last four years.
Role of the GP	<ul style="list-style-type: none"> <li>Determining patient eligibility and initiating the service if appropriate</li> <li>Central coordinating role, including at least two consultations with the patient</li> <li>Medical components that cannot be delegated</li> <li>Formulating and agreeing on the plan in consultation with the patient</li> <li>Reviewing the plan in consultation with the patient</li> </ul>	<ul style="list-style-type: none"> <li>Determining patient eligibility and initiating the service if appropriate</li> <li>Central coordinating role, including at least two consultations with the patient</li> <li>Medical components that cannot be delegated</li> <li>Formulating and agreeing on the plan in consultation with the patient</li> <li>Reviewing the plan in consultation with the patient</li> </ul>	<ul style="list-style-type: none"> <li>Ensure patient is unscreened or significantly under screened for the purpose of claiming these items. If not eligible yet still due for a smear, another item number can be claimed</li> <li>The GP is able to perform the smear and claim one of the items above, or delegate performance to a qualified practice nurse</li> <li>Help decide which item should be billed from list above, based on services provided</li> </ul>
Roles that can be performed by practice nurses (PNs) or Aboriginal health workers (AHWs) on behalf of and under the supervision of a GP	<ul style="list-style-type: none"> <li>Assessing the patient to determine needs</li> <li>Gathering and documenting all relevant information for the GP</li> <li>Making arrangements for services</li> <li>Managing review appointments system</li> <li>Monitoring the patient's progress between consultations with the GP</li> <li>Establishing/utilising a patient recall/reminder system</li> </ul>	<ul style="list-style-type: none"> <li>Assessing the patient to determine needs</li> <li>Gathering and documenting all relevant information for the GP</li> <li>Making arrangements for services</li> <li>Managing review appointments system</li> <li>Monitoring the patient's progress between consultations with the GP</li> </ul>	<ul style="list-style-type: none"> <li>Identify eligible patients and arrange appointments</li> <li>If appropriately trained, a PN is able to perform the smear and then a PN cervical screening item number can be claimed</li> <li>Establish/manage patient recall/reminder systems</li> </ul>
Main information web link	Summary of PIP payments, including SIPs – see <a href="http://www.medicareaustralia.gov.au/providers/incentives_allowances/pip/calculating_payments.shtml">www.medicareaustralia.gov.au/providers/incentives_allowances/pip/calculating_payments.shtml</a> Commonwealth Powerpoint presentation about the PIP program: <a href="http://www.health.gov.au/internet/main/publishing.nsf/content/40e5e0cbcfb2450fca25730800056fdf/\$file/PIP-presentation%20%20vicki%20doherty.pdf">www.health.gov.au/internet/main/publishing.nsf/content/40e5e0cbcfb2450fca25730800056fdf/\$file/PIP-presentation%20%20vicki%20doherty.pdf</a>		

All information is current as at September 2008. Health professionals intending to use these items should refer to the Medicare Benefits Schedule (MBS) book or to the Allied Health and Dental Services MBS booklet for more comprehensive information, including the MBS requirements for each item. Alternatively, they can search for specific items at [www9.health.gov.au/mbs](http://www9.health.gov.au/mbs) or telephone Medicare Australia on 03 9605 7964 or contact the local Division of General Practice.