



## Fact Sheet - Information for General Practitioners

### Pharmaceutical Benefits Scheme (PBS) Co-payment Measure (the measure)

This measure is one of 14 under the Commonwealth's Indigenous Chronic Disease Package aimed at closing the life expectancy gap between Indigenous and non-Indigenous Australians.

The measure is intended to benefit Aboriginal and 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.

### Guidance for assessing patients 'at risk of chronic disease' under the measure

The Indigenous Chronic Disease Package is designed to improve the prevention, early detection and ongoing management of those chronic diseases that are the main causes of mortality for Indigenous Australians – cardiovascular disease, diabetes, chronic renal disease, chronic respiratory disease and cancer. To a large extent, these conditions have common risk factors.

The measure uses the Medicare Benefits Schedule (MBS) definition of a chronic disease which is a disease that has been, or is likely to be, present for at least six months, including, but not limited to, asthma, cancer, cardiovascular disease, diabetes mellitus, musculoskeletal conditions and stroke.

The measure also recognises that the risk of developing chronic disease over a person's lifetime is influenced by complex biological, environmental and socially determined factors and could include, for example:

- in utero and early childhood factors, such as low birth weight and recurrent childhood infections. It is recognised that developmental health problems play a critical role in future health outcomes;
- behavioural and biological factors, such as smoking, physical inactivity, poor nutrition, family history of chronic disease, high blood pressure and cholesterol; and
- social and economic factors, such as financial hardship, substance abuse and emotional well-being.

The prescriber is encouraged to use clinical judgment to determine whether a patient meets the eligibility criteria under the measure as per the guidance above.

## **Guidance for assessing patient eligibility for financial assistance under the measure**

GPs have an important role in assessing a patient's eligibility for financial assistance under the measure. In deciding whether your Aboriginal and Torres Strait Islander patient is eligible for assistance from this program, GPs need to assess whether the patient:

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

In assessing whether your patient meets the criteria above, during the clinical consultation with your patient you may wish to look for indications that:

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

You only need to undertake this assessment once which means that as soon as your patient is registered, they can have access to the benefits of the measure until they make a decision to withdraw from the program. You do not need to re-register your patient annually for the PBS assistance.

### **PBS medicines covered under the measure**

Prescriptions for all of an eligible patient's PBS medicines are covered under the measure whether or not the medicines are being used to treat chronic or acute medical conditions.

### **Annotation of prescriptions under the measure**

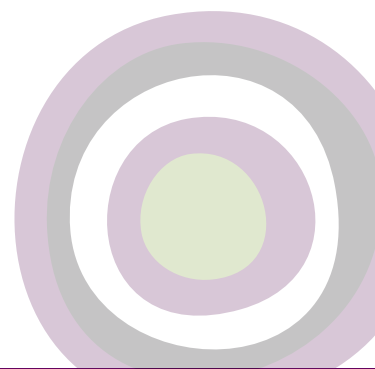
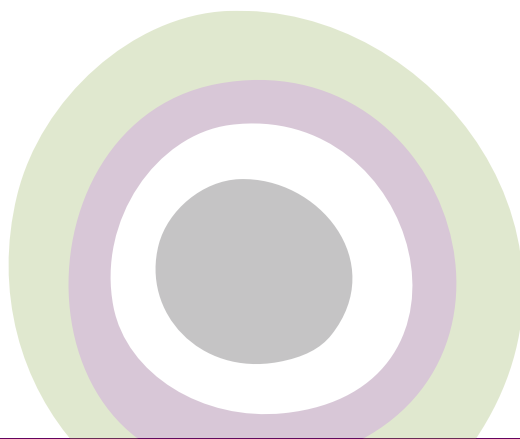
Once your patient is registered and you wish to confer the benefits of the measure to them, you will need to annotate their prescription to indicate that it is to be dispensed with co-payment relief. Upon presenting a correctly annotated prescription to a pharmacy for dispensing, your patient will be supplied with the medicine at the reduced rate.

The Australian Government is supporting changes to prescription writing software to automate the annotation process for eligible patients. The automated annotation takes the form of "CTG<sup>nna</sup>" such as CTG82K, where the '82' relates to the prescription number for the day and the 'K' is a check digit. In no way is the annotation linked to the personal details of your patient, or to you or your practice. If your software has not been upgraded, you can manually annotate prescriptions by writing the letters 'CTG' and signing next to the annotation. You will need to print the annotation on the right hand side of the prescription to the right of the "Patient's name and address" area.

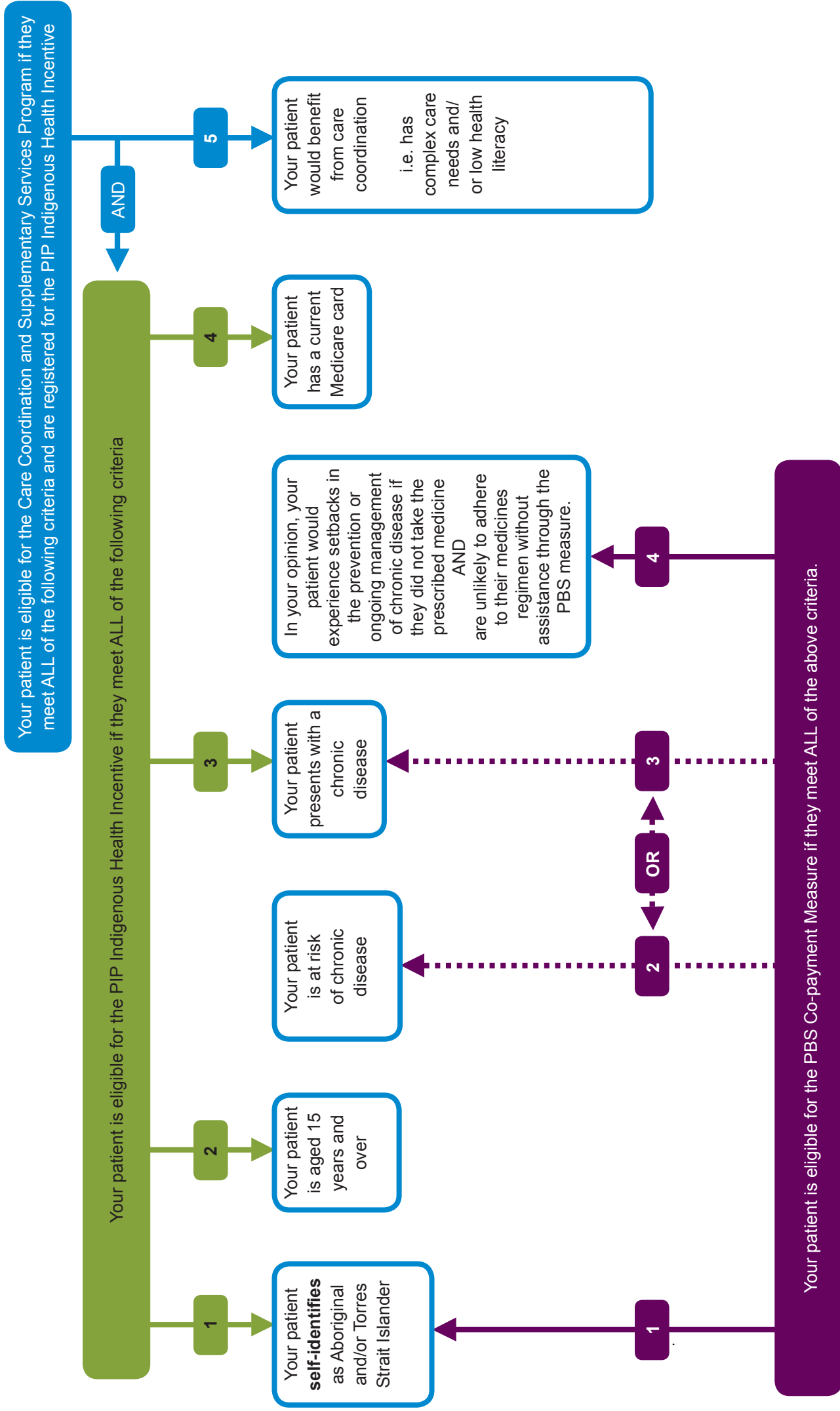
## **PBS listings for Aboriginal and Torres Strait Islander people**

To improve the capability of the PBS to better meet the needs of Aboriginal and Torres Strait Islander people, the Pharmaceutical Benefits Advisory Committee evaluates and recommends the listing of medications specifically to help with their health needs. This list details all PBS items that are limited for prescription to Aboriginal and Torres Strait Islander people.

For more information, see [Improving the capacity of the PBS to meet particular Aboriginal and Torres Strait Islander health needs](#) in the explanatory notes, or contact [pbs-indigenous@health.gov.au](mailto:pbs-indigenous@health.gov.au)



# Patient eligibility for the PIP Indigenous Health Incentive, PBS Co-payment Measure, and Care Coordination



## Further Information

For detailed information about the eligibility requirements for the PIP Indigenous Health Incentive and the PBS Co-payment Measure, please refer to the individual guidelines. Guidelines are available from [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) > For Health Professionals > Incentives and Allowances > Practice Incentives Program (PIP) > Forms and Guidelines.

Information about the Care Coordination and Supplementary Services Program is available on the Department of Health and Ageing website at [www.health.gov.au/tackling-chronic-disease](http://www.health.gov.au/tackling-chronic-disease)

### How to register eligible patients for the PIP Indigenous Health Incentive and/or the PBS Co-payment Measure

Once you have determined that a patient is eligible to participate in the PIP Indigenous Health Incentive and/or the PBS Co-payment Measure, you will need to register them with Medicare Australia by following these steps:

- provide the patient (or parent/guardian) with a copy of the 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;
- on the Patient Consent Form there is a tick-box option for each incentive. Your patient should tick the box next to the program(s) they wish to be part of;
- once the patient has signed the Patient Consent Form, you should complete a Patient Registration Form. Both the Patient Consent and Patient Registration Forms should be kept on file at the practice (either in hard copy or electronically); and
- a copy of the Patient Registration Form should be sent to Medicare Australia to claim the patient registration payment.

