

# Asthma Incentive

This incentive aims to encourage general practitioners (GPs) to better manage the clinical care of people with moderate to severe asthma.

Generally, patients must meet the following criteria to be assessed as having moderate to severe asthma:

- symptoms on most days or
- use of preventer medication or
- bronchodilator use at least 3 times per week or
- hospital attendance or admission following an acute exacerbation of asthma.

Component	Activity required for payment	Payment
<b>Sign-on Payment</b>	One-off payment to practices that implement a cycle of care for patients with moderate to severe asthma.	<b>\$0.25 per SWPE+</b>
<b>Service Incentive Payment</b>	Payment to GPs for each completed cycle of care for patients with moderate to severe asthma (see next page for the minimum requirements).	<b>\$100 per patient per year</b>

+Standardised Whole Patient Equivalent (SWPE) is used to measure practice size and includes a weighting factor for the age and gender of patients. The average load for a full time GP is 1,000 SWPEs per year.

## Sign-on payment

A one-off sign-on payment of \$0.25 per SWPE is made to practices that register for the Incentive. The payment is made to practices in the next PIP quarterly payment following sign-on.

To sign-on for the PIP Asthma Incentive, practices are required to:

- register for the Asthma Incentive
- implement a cycle of care for their patients with moderate to severe asthma (next page)
- agree to have their practice details provided to the National Asthma Council, Divisions of General Practice or State Based Organisations, so they can receive information about the asthma cycle of care.

## Service Incentive Payment (SIP)

GPs within a practice that have signed on for the Asthma Incentive will receive a SIP of \$100 per year for each cycle of care completed for a patient with moderate to severe asthma. The SIPs are paid quarterly.

The asthma cycle of care for a patient with moderate to severe asthma must be delivered within a 12-month period and include the three steps of assessment, planning (which includes development of a written asthma action plan) and review of the written asthma action plan. The assessment and planning steps can be conducted in one consultation. The review step must be a planned consultation.



At a minimum, the asthma cycle of care must include:

- at least two asthma related consultations within 12 months for a patient with moderate to severe asthma
- at least one of these consultations (the review consultation) to have been a planned recall
- documented diagnosis and assessment of the patient's level of asthma control and severity of asthma
- review of the patient's use of and access to asthma related medication and devices
- provision to the patient of a written asthma action plan (if the patient is unable to use a written asthma action plan – discussion with the patient about an alternative method of providing an asthma action plan, and documentation of the discussion in the patient's medical records)
- provision of asthma self-management education to the patient and
- review of the written or documented asthma action plan.

GPs must use one of the following asthma specific Medicare Benefits Schedule (MBS) attendance item numbers:

- 1) **2546** – Standard Consultation
- 2) **2552** – Long Consultation
- 3) **2558** – Prolonged Consultation

**\* These MBS item numbers are for in surgery consultations only and substitute usual consultation numbers**

Use of these items will inform Medicare Australia that the requirements of the asthma cycle of care have been met and automatically trigger an Asthma SIP. The SIP is in addition to the consultation fee. The patient rebate (or direct bill payment) for the Asthma Incentive MBS attendance items is the same as for the usual MBS attendance items.

All other consultations should be billed using the usual MBS attendance items with the exception of the consultation that completes the asthma cycle of care. For further information on the use and billing of MBS attendance items telephone the Medicare Provider enquiry line on **132 150** or your Practice Support Officer **9663 5958**.