

Diabetes Incentive

This incentive was introduced to encourage general practitioners (GPs) to effectively manage people with diabetes.

To be eligible for the PIP/SIP Diabetes Incentive, the practice must:

- participate in the PIP
- meet the requirements of each component of the Diabetes Incentive as outlined
- be signed on to the Diabetes Incentive for the practice to be eligible for the outcomes payments and GPs to be eligible for the Service Incentives Payments (SIPs)

The PIP/SIP Diabetes Incentive Practice components are summarised below.

Component	Activity required for payment	Payment
Sign-on Payment	One-off payment to practices that undertake to use a patient register and a recall/reminder system for patients with diabetes.	\$1 per SWPE[†]
Outcomes Payment	Payment to practices where at least two per cent of practice patients are diagnosed with diabetes and GPs have completed a cycle of care for at least 20 per cent of these patients.	\$20 per patient
Service Incentive Payment	Payment to GPs for each completed cycle of care for patients with established Diabetes Mellitus	\$40 per patient per year

[†]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 \$1 per SWPE is made to practices, and is paid in the next PIP quarterly payment following sign-on.

To sign-on for the PIP Diabetes Incentive, practices are required to use a patient register and a recall/reminder system, which must include:

- a list of all known patients with diabetes attending the practice, including the patient's name, identifier (eg. practice file number or Medicare number) and contact details
- an active patient recall/reminder system.

The registers can be electronic or paper based and can be held either at the practice or at the local Division of General Practice. If a Division based register is used, patient consent is required.

Outcomes Payment

The number of patients with diabetes in a practice is determined by the number of patients (based on SWPE) that have had an HbA1c test in the previous two years. An outcomes payment of \$20 per patient with diabetes per year is made to sign on practices that reach target levels of care for their patients with diabetes.



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Service Incentive Payment (SIP)

GPs must use one of the following Diabetes specific MBS attendance item numbers:

- 1) **2517** – Brief Consultation
- 2) **2521** – Standard Consultation
- 3) **2525** – Long Consultation

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

GPs must provide the minimum requirements of care outlined in the table below within an 11 to 13 month period. Additional levels of care will be needed by insulin dependent patients and those with abnormal review findings, complications and/or co-morbidities.

The minimum requirements are based on the guidelines Diabetes Management in General Practice produced by RACGP and Diabetes Australia.

Activity	Frequency/Description
Assess diabetes control by measuring HbA1c	At least once every cycle
Ensure that a comprehensive eye examination is carried out ^{††}	At least once every two years
Measure weight and height and calculate Body Mass Index (BMI) ^{†††}	At least twice every cycle
Measure blood pressure	At least twice every cycle
Examine feet ^{††††}	At least twice every cycle
Measure total cholesterol, triglycerides and HDL cholesterol	At least once every cycle
Test for microalbuminuria	At least once every cycle
Provide self-care education	Patient education regarding diabetes management
Review diet	Reinforce information about appropriate dietary choices
Review levels of physical activity	Reinforce information about appropriate levels of physical activity
Check smoking status	Encourage cessation of smoking (if relevant)
Review of medication	Medication review

^{††} Not required if the patient is blind or does not have both eyes.

^{†††} Initial visit: measure height and weight and calculate BMI as part of the initial assessment. Subsequent visits: measure weight.

^{††††} Not required if the patient does not have both feet.

For further information telephone the Medicare Provider enquiry line on **132 150** or speak with your Practice Support Officer **9663 5958**.