Commonwealth Department of
Health and
Ageing

General Practice Immunisation Incentives

January 2002

For more information on the General Practice Immunisation Incentives call

1800 246 101

For electronic copies of this brochure and application forms, visit the General Practice Immunisation Incentives Website at:

www.hic.gov.au

This brochure is designed and written as a guide only.
While it is presently intended that the Commonwealth will make payments as set out in this brochure, the making of payments is to be a matter within the sole discretion of the Commonwealth and it is not intended that practitioners or practices will have a legally enforceable entitlement to any payment.

Arrangements for the General Practice Immunisation Incentives may be changed from time to time. Every effort has been made to ensure that the information contained in this brochure is correct at the time of printing, but the Commonwealth accepts no liability for any loss or damage resulting directly or indirectly from reliance on this information or from subsequent changes to the currency of the information.

General Practice Immunisation Incentives

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What's new?

Since the last booklet was printed in 1998:

- The Goods and Services Tax (GST) applies to payments made under the scheme.

  Further details are on page 7

- A new Australian Standard Vaccination Schedule was introduced in May 2000:
  - Children born on or after 1 May 2000 will follow the new Schedule; and
  - Children born prior to 1 May 2000 will follow the old Schedule.

  Further details are on pages 11 and 12

- Eligibility for outcomes payments have changed:
  - From 1 January 2002, practices will need to have at least 85% full immunisation coverage to be eligible for outcomes payments; and
  - From 1 January 2003, practices will need to have at least 90% full immunisation coverage to be eligible for outcomes payments.

  Further details are on page 15

Glossary

In this brochure, unless a contrary intention appears:

Age appropriate vaccination or Age appropriate immunisation

means vaccination with the correct vaccine (as defined in the Australian Standard Vaccination Schedule) at the correct age (also defined in Australian Standard Vaccination Schedule). The six milestones for immunisation are at two months, four months, six months, 12 months, 18 months and four years (prior to school entry);

Divisions of General Practice or Divisions

refers to legal, independent and voluntary groupings of general practitioners, based on geographical areas, as recognised by the Department;

General Practitioner or GP

means a medical doctor who is:

a) Vocationally Registered under section 3F of the Health Insurance Act 1973; or

b) a holder of the Fellowship of the Royal Australian College of General Practitioners (FRACGP) who participates in, and meets the requirements for, quality assurance and continuing medical education as defined in the Royal Australian College of General Practitioners (RACGP) Quality Assurance and Continuing Education Programme; or

c) undertaking an approved placement in general practice as part of a training program for general practice leading to the award of the FRACGP, or undertaking an approved placement in general practice as part of some other training program recognised by the RACGP as being of equivalent standard;

Immunisation coverage

means the proportion of children under the age of seven years in a practice's population who are immunised correctly for their age as per the Australian Standard Vaccination Schedule;

Immunisation Schedule

means one of the six age related series of vaccinations given to children under the age of seven years as per the Australian Standard Vaccination Schedule;

Other Medical Practitioner or OMP

refers to non-specialist medical practitioners who provide non-referred services and are not GPs as defined above;

Practice

General Practices are broadly defined by the Royal Australian College of General Practitioners'(RACGP) Standards for General Practice as displaying the key features of providing:

"initial, continuing, comprehensive and coordinated medical care for all individuals, families, and communities and which integrates biomedical, psychological, social and environmental understandings of health".

Reference period

means the 12 month period that ends four months before the start of the quarter in which the immunisation coverage is calculated;

Whole Patient Equivalent or WPE

refers to a numerical representation of the proportion of care provided to a patient by a practice or practices. This is calculated on the basis of the Medicare benefits schedule fee value of non-referred attendances for a child at a single practice, within the 12-month reference period. The value of these attendances is then divided by the schedule fee value of all non-referred attendances at all practices by that child in the same period.

What is the General Practice Immunisation Incentives scheme?

The General Practice Immunisation Incentives (GPII) scheme provides financial incentives to general practitioners (GPs) who monitor, promote and provide age appropriate immunisation services to children under the age of seven years.

The GPII is made up of three components:

A Service Incentive Payment (SIP) - an $18.50 payment to GPs and Other Medical Practitioners (OMPs), who notify the Australian Childhood Immunisation Register (ACIR) of a vaccination that completes an immunisation schedule;

An Outcomes Payment - a tiered series of payments to practices that achieve certain percentage proportions of full immunisation; and

Immunisation infrastructure funding - which provides funds to Divisions of General Practice, State-Based Organisations and funding for a National GP Immunisation Coordinator to improve the proportion of children who are immunised at local, State and national levels.

The overall aim of the GPII is to encourage at least 90 per cent of practices to achieve 90 per cent proportions of full immunisation.

Why was GPII developed?

Reducing the incidence of vaccine-preventable diseases is one of the significant public health achievements of the past 100 years. Comprehensive levels of vaccination have lead to dramatic decreases in childhood diseases such as poliomyelitis and diphtheria.

When the GPII scheme was implemented in 1998, it was considered that the number of children in Australia who were fully immunised was too low to prevent transmission of some vaccine-preventable diseases. For many children this resulted in sickness, hospitalisation, and sometimes death. Those who are not immunised, or not fully immunised, have a much higher chance of infection, which can lead to disease outbreaks and epidemics.

The Federal Government has been committed to improving the nation's childhood immunisation levels, and, in 1997, established the Immunise Australia Seven Point Plan. The GPII was one of a wide range of initiatives introduced under the plan.

The importance of general practice

GPs are one of the key groups able to improve the nation's childhood immunisation level. They have significant levels of contact with the target group - children under the age of seven.

Each consultation is an opportunity for monitoring a child's immunisation status and for providing immunisation services if required. It is for this reason that GPs have been specifically targeted in this immunisation strategy.

The GPII scheme is not simply payment for direct immunisation services. The incentives are aimed at helping to improve the national immunisation level. This can be achieved by GPs who actively encourage immunisation by other immunisation providers, as well as by those GPs who immunise.

This initiative is intended to augment the services provided by local governments and Public Health Units in order to help improve Australia's immunisation level.

The role of the Australian Childhood Immunisation Register (ACIR)

The ACIR is central to the effectiveness of the GPII scheme. It began recording details of all immunisations provided to children under seven years of age from 1 January 1996.

The ACIR enables more effective management of the National Immunisation Program at National, State and Territory levels. It allows measurement of immunisation coverage in children as well as providing parents with an immunisation history statement when their children turn 1, 2 and 5 years of age. Parents can also request a statement at any other time. GPs and other immunisation providers receive payment for each notification of immunisation encounters forwarded to the ACIR, which completes one of the six immunisation schedules.

The ACIR information is used to determine the immunisation status of children and accordingly amounts paid under the GPII scheme. GPs will appreciate the importance of providing timely and accurate information to the ACIR. Not only does it generate a payment for notification but, through this scheme, will directly affect the amount of payment GPs will be eligible to receive.

Management, review and consultation

The GPII scheme is administered by the Department of Health and Ageing, with the day-to-day management by the HIC. Development and implementation of the GPII followed a consultative process, with the participation of the profession. A General Practice Immunisation Incentives Advisory Group provides ongoing input and advice on the scheme's implementation and management. This committee includes representatives from the profession, State governments, consumers, the HIC and the Department.

Goods and Services Tax (GST)

As of 1 July 2000 the GST is payable on all GPII payments. It is essential that all GPII practices provide the HIC with their Australian Business Number (ABN).

The Government has agreed to pay the full 10% GST as an addition to the GPII payments. The practice is then to forward that GST component on to the Australian Tax Office. However, if the practice has not provided an ABN, the HIC will withhold 48.5% of the GPII payments and will not provide the 10% GST component.

The HIC also requests practices participating in the GPII, to agree to a Recipient Created Tax Invoice (RCTI). Under this arrangement the HIC can calculate and add on the GST component when it makes its GPII payments to the practice.

If a practice has not signed an RCTI agreement (although having supplied an ABN) the HIC will only pay the GST component upon receipt of a tax invoice.

Please contact the HIC for more information on the GST and the GPII on 1800 246 101. To further discuss the GST a practice should also seek advice from a tax consultant.

Applying for the GPII

The same application form is used for both the GPII and the Practice Incentives Program (PIP). However applicants can use the form to apply for the GPII only.

Completed application forms should be sent to:

Practice Incentives Program

GPO Box 2572

ADELAIDE SA 5001

fax (08) 8274 9352

All forms relating to the GPII and the PIP can be downloaded from the HIC website at http://www.hic.gov.au. Completed forms cannot be lodged over the internet and must be mailed or faxed to the HIC.

From 1 July 2001, practices are able to submit changes to practice profile details via fax - (08) 8274 9352. Faxes advising of changes to practice profile or bank account details must be sent on practice letterhead, be signed by the nominated authorised contact person and witnessed by another member of the practice.

Practices electing to utilise the fax option are not required to send the original document to the HIC but should retain it for their own records and HIC audit purposes.

In the event that the original copy of the document cannot be produced, the faxed copy held by the HIC will be recognised as the original document.

Service Incentive Payment (SIP)

Aim

The aim of this payment is to encourage a systematic approach to immunisation by reviewing the immunisation status of children who present to the practice for a consultation. In this way, opportunistic vaccination services can be provided. The payment also provides financial recognition for those GPs who perform immunisation services. Providers of mass immunisation services are not eligible for this payment.

Description

The amount of this payment is $18.50 and is paid to the account nominated by the servicing provider for the notification of each immunisation that completes one of the six immunisation schedules. This payment is additional to other payments GPs receive, such as Medicare consultation fees and the ACIR information payment.

All GPs and OMPs (as defined in the Glossary) who have a Medicare provider number and provide non-referred services which attract a rebate under the Medicare Benefits Schedule are entitled to a SIP payment. Specialists are not eligible.

The payment is made when the ACIR is notified of an immunisation event, which completes one of the six immunisation schedules for children under the age of seven. Queensland practitioners' notifications to the ACIR are made via the VIVAS system. Northern Territory notifications are made via Territory Health Services and the ACT's via the ACT Department of Health. The new schedules are as defined in the NHMRC's "Australian Standard Vaccination Schedule" (The Australian

Immunisation Handbook, 7th Ed., p.39). A summary table is provided on page 11. A summary of the previous schedule, to be used for children born before 1 May 2000 is on page 12.

A SIP is paid only on completion of an immunisation schedule to encourage compliance with the NHMRC's recommended schedule.

In instances where the GP considers that there are good clinical reasons for splitting the schedule, for example by giving DTP and Hib on one occasion and OPV a short time later, the SIP is paid on notification that the final vaccine from that schedule has been provided.

When one or more vaccinations are contraindicated, the SIP is paid after the remaining vaccinations are provided. The contraindication is required to be recorded on the ACIR.

On occasions a GP may notify completion of two vaccination schedules on the one notification form - for example, if a GP sees a child at 12 months of age for MMR and Hib vaccination, but also gives a dose of OPV because it was missed at the six-month visit, the GP would be paid two SIPs for the completion of two schedules.

Although these incentives are not directed at improving the ACIR, the making of payments on provision of data to the ACIR will help to ensure the completeness of the information held on the ACIR. This is of particular advantage to practices in ensuring the accuracy in calculating the Outcomes Payments (see the section on Calculating the GPII Outcomes Payment). Improved ACIR data will also assist a parent's ability to claim certain government benefits, such as the Child Care Benefit or Maternity Immunisation Allowance, as eligibility for them is linked to the recorded immunisation status of children.

Children born on or after 1 May 2000 will be vaccinated according to this schedule.

You will need to confirm which path has been adopted in your State/Territory

The Australian Standard Vaccination Schedule 2000-2002

Age	Vaccine	
Birth	HepB[a]	
	Path 1b	**Path 2b**
2 months	DTPa-hepB Hib (PRP-OMP) OPV	DTPa[c] Hib (PRP-OMP) -hepB OPV
4 months	DTPa-hepB Hib (PRP-OMP) OPV	DTPa[c] Hib (PRP-OMP)-hepB OPV
6 months	DTPa-hepB OPV	DTPa[c] OPV
12 months	MMR Hib (PRP-OMP)	MMR Hib (PRP-OMP)-hepB
18 months	DTPa	
4 Years	DTPa MMR OPV	

Notes

a) Hepatitis B vaccine should be given to all infants at birth and should not be delayed beyond 7 days after birth. Infants whose mothers are hepatitis B surface antigen positive (HBsAg+ve) should also be given hepatitis B immunoglobulin (HBIG) within 12 hours of birth

b) When necessary the two paths may be interchanged with regard to their hepatitis B and Hib components. For example, when a child moves interstate, they may change from one path to the other.

c) Wherever possible the same brand of DTPa should be used at 2, 4 and 6 months.

Children born prior to 1 May 2000 will be vaccinated according to this schedule

The Australian Standard Vaccination Schedule

Age	Vaccine
2 months	DTPa OPV Hib (HbOC or PRP-OMP)*
4 months	DTPa OPV Hib (HbOC or PRP-OMP)*
6 months	DTPa OPV Hib (HbOC schedule only)
12 months	MMR and Hib (PRP-OMP schedule only)
18 months	DTPa Hib (HbOC schedule only)
4 Years	DTPa OPV MMR

Notes

DTPa is the abbreviation for Diphtheria-Tetanus- acellular Pertussis vaccine
*HbOC is 'HibTITER', given at 2,4,6 and 18 months
*PRP-OMP is 'PedvaxHIB', given at 2,4,and 12 months
MMR is the abbreviation for Measles-Mumps-Rubella vaccine

Transition from the old to the new schedule

All babies born on or after 1 May 2000 should commence the new Australian Standard Vaccination Schedule. Because of logistics, funding and vaccine interchangeability issues, all children born before this date should commence or continue with the previous schedule.

Payment Process

Payments are made in conjunction with ACIR information payments. They are paid by electronic funds transfer to the account nominated by the servicing provider on a monthly basis.

GPs are provided with a hard copy statement each month detailing these payments.

Outcomes Payment

Aim

This payment is specifically aimed at practices recognising that immunisation is a practice issue and that the practice absorbs infrastructure costs, for example, setting up reminder/recall systems and computer software.

The payment aims to help those practices that have good levels of age appropriate immunisation.

General Practices are broadly defined by the Royal Australian College of General Practitioners'(RACGP) Standards for General Practice as displaying the key features of providing:

"initial, continuing, comprehensive and coordinated medical care for all individuals, families, and communities and which integrates biomedical, psychological, social and environmental understandings of health".

Description

The Outcomes Payment is made to practices that achieve certain immunisation coverage. The tiered targets act as an incentive for practices to improve the immunisation coverage over time.

Practices need not provide immunisation services to be eligible for this incentive. The scheme calculates the proportion of age appropriate immunisation of the children seen by a practice, regardless of who performs the immunisation service. In this way, practices that have developed links with other immunisation providers are recognised for their efforts.

Practices must register to be eligible for this incentive or to receive statements providing feedback on immunisation coverage.

The GPII is not directly related to the Practice Incentives Program (PIP) except that, those practices registered for PIP will be automatically registered for the GPII Outcomes Payment.

PIP registered practices or individual GPs within a PIP registered practice may opt out of the GPII Outcomes Payment calculations.

Practices not registered for PIP are invited to register for the GPII.

The Outcomes Payment is intended for practices that have larger numbers of children in their patient populations. Practice population is determined by virtue of a child attending a practice for a non-referred Medicare consultation during the twelve month reference period. It is of little benefit to practices that see only a few children, as payments are quite small. Therefore, the scheme has a threshold to ensure the available funds are directed to those practices that would put them to most use. This threshold has been set at 10 Whole Patient Equivalents (WPEs) as defined in the glossary. See the section on Calculating the GPII Outcomes Payment for a full explanation of WPE and the calculation of immunisation coverage.

Practices are paid according to the WPE value of the children seen and the proportion of full immunisation. The payment scale is shown on page 16. Proportions of full immunisation required to qualify for outcomes payments are being raised over time to reflect the aim of the scheme, which is to achieve 90% immunisation coverage in 90% of practices. The payment scales and the timing of their introduction have been negotiated with the profession.

Table 1: Outcomes Payment schedule

	Payment per WPE for age appropriate immunisation coverage 85% to less than 90%	Payment per WPE for age appropriate immunisation coverage 90% and over
Jan'02 – Dec'02	$3.00	$3.50
Jan'03 – June'03	-	$3.50

Routine recalculations of the last quarter payments are performed for all practices at the same time as the calculations for the next quarter payments to give practices a further three months to submit additional data relating to the reference period. The 12 month period applied to the original calculation is used. An adjusted payment (recalculated minus the original) may be made if a positive variance results. There are no negative adjustments.

Reference period for Outcomes payments

The reference period for each payment quarter is the 12 month period that ends four months before the start of the quarter in which the immunisation coverage is calculated. The four month gap between the end of the reference period and the payment calculation allows time for consultations conducted within the reference period to be recorded in the Medicare system. The table below shows the reference periods for the payments made in the 2002 calendar year.

Reference period used for WPE calculation	Corresponding payment quarter
1 October 2000 – 30 September 2001	February 2002
1 January 2001 – 31 December 2001	May 2002
1 April 2001 – 31 March 2002	August 2002
1 July 2001 – 30 June 2002	November 2002

Payment process

Outcome payments are made quarterly and are paid by electronic funds transfer (EFT) only.

Immunisation infrastructure funding

Aim

This funding aims to help Divisions of General Practice and State-Based Organisations in their role as promoters of quality service. The funding also provides for national immunisation coordination activities.

Description

Funding is provided to Divisions of General Practice in recognition of the important role they play in working with GPs and other immunisation providers to:

- Develop strategies for increasing immunisation coverage in their area;
- Promote quality of service by disseminating the most up to date information on immunisation guidelines and procedures;
- Develop strategies to improve the timeliness and quality of data forwarded to the ACIR, and
- Support initiatives such as targeting groups of children who are traditionally difficult to immunise.

Divisions are also in a position to act as an information source on the GPII.

To assist Divisions in these activities, HIC provides Divisions with quarterly immunisation statements reporting the proportion of age appropriate immunisation of children who reside in postcodes covered by the Division.

Funding to Divisions is based on a formula which has a base amount, a variable component that takes into account the population in terms of children aged three months to 83 months, and a component for rurality.

To support Divisions in their work on a State and national basis, annual funding is also provided to the ADGP Ltd to provide national immunisation coordination services, and to each State-based organisation to provide State level coordination.

Future Directions

The Department, in consultation with the profession, will continue to monitor and review the scheme and make changes to it to ensure it remains appropriate and effective in achieving its aim.

Calculating the GPII Outcomes Payment

This payment is based on the Whole Patient Equivalent (WPE) value of children seen at a practice and on the proportion of children seen who were fully immunised. To arrive at this payment the WPE and the proportion of age appropriately immunised children must be calculated.

1. Whole Patient Equivalent (WPE)

The WPE is calculated from the schedule fee value of non-referred attendances for a child at a single practice, within a 12 month reference period. The value of these attendances is then divided by the total schedule fee value of all non-referred attendances at all practices by that child in the same period.

The schedule fee value is used to incorporate an element of quality and time rather than simply using number of visits.

For example, Table 2 on page 21 shows children D and E with the same number of visits to practices but with different WPE values. This is because child E saw other practices for less time than he/she visited the example practice.

Table 2: Calculation of WPE for Anytown Medical Centre

	Non-referred Attendances This Practice	Non-referred Attendances Other Practice	Whole Patient Equivalent(WPE) Value This Practice
Child A	1 x Level A ($13.10) 1 x Level B ($28.75.)	2 x Level A ($26.20) 1 x Level B ($28.75)	$41.85/($41.85+$54.95) = $41.85/$96.80 = 0.4
Child B	2 x Level B ($57.50)	1 x Level A ($13.10) 1 x Level B ($28.75)	$57.50/($57.50 +$41.85) = $57.50/$99.35 = 0.6
Child C	2 x Level B ($57.50) 3 x Level C ($163.80)	0 x $0.00	$221.30/($221.30+$0) = $221.30/$221.30 = 1.0
Child D	5 x Level B ($143.75) 1 x Level C ($54.60)	3 x Level B ($86.25) 1 x Level D ($80.40)	$198.35/($198.35+$166.65) = $198.35/$365.00 = 0.5
Child E	5 x Level B ($143.75) 1 x Level C ($54.60)	3 x Level A ($39.30) 1 x Level B ($28.75)	$198.35/($198.35+$68.05) = $198.35/$266.40 = 0.7

Fees as of 1 November 2001

2. Proportion of children age appropriately immunised

The proportion of children age appropriately immunised is calculated in the following manner:

1. Medicare claims records are used to determine which children attended a practice in a 12 month reference period; (see page 17 for more information on reference periods)
2. ACIR data is used to determine the immunisation status of each child at the end of the reference period;
3. A WPE value is calculated for each child seen at the practice;
4. A practice's immunisation coverage is then calculated by dividing the WPE value of children who are fully immunised for age by the WPE value of children seen, for those children who attanded the practice for two or more non-referred Medicare consultations during the reference period.

Single attendance children are excluded from the calculation of immunisation coverage because some practices, particularly those in holiday areas and those that provide after hours services, would have their figures affected by a large number of single encounters. Excluding single visit patients helps to ensure the figures for the regular population carry more weight.

In the example given in Table 3, it can be seen that the immunisation coverage of children aged in the range 72-83 months is 30 per cent (3 divided by 10 multiplied by 100), and the overall practice coverage is 74.61 per cent (97 divided by 130 multiplied by 100).

Table 3: Anytown Medical Centre

Age	WPE Children Seen	WPE Group fully immunised	Age Group Percentage fully immunised
3-5 m	30	29	96.67%
6-8 m	25	23	92.00%
9-14 m	30	20	66.67%
15-20 m	20	13	65.00%
21-71 m	15	9	60.00%
72-83 m	10	3	30.00%
Overall	130	97	74.61%

All immunisations administered on or before the last day of 12-month reference period and recorded on the ACIR prior to the calculation are included in the calculation. Those vaccinations administered to children after the last day of the reference period will be included in the calculation for the following quarter. Information provided to the ACIR on immunisations administered on or before the last day of the reference period, but not recorded on the ACIR prior to the calculation, will be included in the recalculation.

Querying Calculations and Payments

If a practice is concerned that the reported coverage rate does not match the expected practice rate, the practice may request a GPII Practice Report (formerly ACIR 020A report). Once a GPII Practice Report has been requested the HIC will routinely issue a GPII Practice Report for future calculations.

This report contains details of the children in the practice assessed as not fully immunised for age, including details of the diseases for which the child requires immunisation in order to be assessed as fully immunised according to GPII assessing rules. Practices can use this information to verify their patient records against the ACIR. If the ACIR records are not up to date, the practice should advise the ACIR of missing data.

The GPII Practice Report may be requested by calling 1800 246 101, alternatively the report can be requested and down loaded from the ACIR web site at www.hic.gov.au. Before a practice can receive their GPII Practice Report all providers in the practice must have signed the privacy agreement.

If a practice is still unsatisfied, it can ask the HIC to review its calculations. The request must be made by the practice proprietors or their authorised representative (nominated as the contact person in the application form) and should include:

- the name and address of the person lodging the request for review;
- the name of the practice;
- the calculation quarter that should be reviewed; and
- the grounds for requesting the review.

Practices should note that requests based on data issues may be resolved through the routine recalculation process. Where errors have occurred in the membership of the practice, these amendments will need to be bought to the attention of the HIC in time for inclusion in the recalculation process.

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