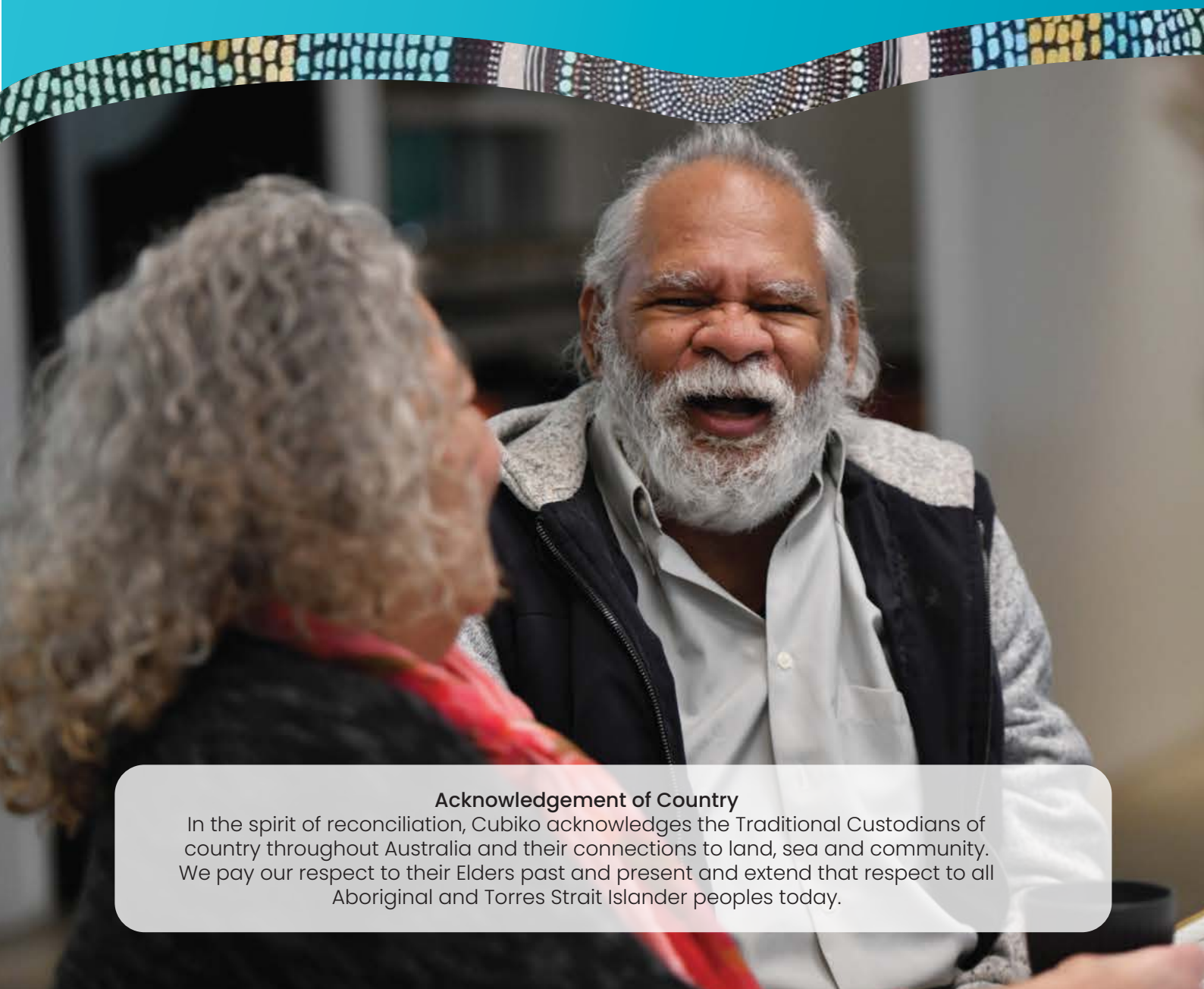




Indigenous Health Workflow

Overview of the key metrics to monitor when fostering Indigenous health initiatives at your practice



Acknowledgement of Country

In the spirit of reconciliation, Cubiko acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

Improving the health of Aboriginal and Torres Strait Islander people is a national priority in Australia. To raise the importance of Indigenous health, Australia has implemented initiatives like **Closing the Gap** and the **National Aboriginal and Torres Strait Islander Health Plan 2021–2031**, reflecting a national commitment to addressing health disparities.

These initiatives aim to reduce the gap in health outcomes between Indigenous and non-Indigenous Australians, particularly focusing on areas such as life expectancy and the prevalence of chronic diseases.

Closing the Gap and the National Aboriginal and Torres Strait Islander Health Plan acknowledge the significance of addressing healthcare accessibility and social determinants of health. The initiative seeks to promote equitable health outcomes for Indigenous Australians.

The role data plays in promoting Indigenous health

The effective promotion of Indigenous health initiatives heavily relies on the utilisation of practice data from Practice Management Systems (PMS) such as Best Practice Software, MedicalDirector and Zedmed.

By harnessing this data, healthcare providers can easily identify Indigenous patients within their patient cohort and gain crucial insights into their distinct health requirements.

The insights learned enable practices to develop targeted interventions and programs aimed at addressing the specific health disparities faced by Indigenous communities. Moreover, continuous monitoring of health outcomes through practice data allows for the assessment of intervention effectiveness, facilitating necessary adjustments for optimal outcomes.

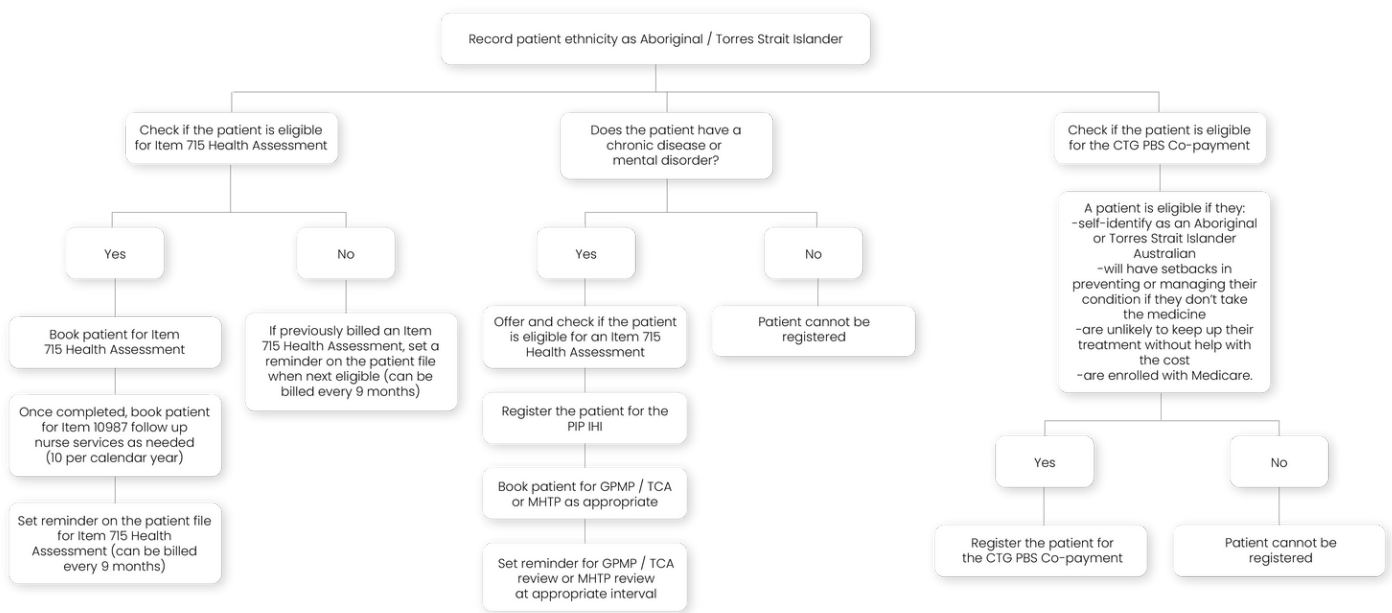
Leveraging practice data not only aids in identifying care opportunities but also ensures that Indigenous patients receive equitable access to quality healthcare tailored to their needs, thereby advancing Indigenous health initiatives effectively.

Indigenous Health Workflow

Below is an overview of the key metrics to monitor when fostering Indigenous health initiatives at your practice:

- Recording patient ethnicity
- Identifying Indigenous patients eligible for 715 Health Assessments
- Identifying Indigenous patients eligible for item 10987
- Identifying Indigenous patients eligible for Chronic Disease Management services
- Identify Indigenous patients eligible for Mental Health services
- Registering patients for Practice Incentive Program - Indigenous Health Incentive
- Registering patients for Closing the Gap (CTG) PBS Co-payment

You can print and laminate a copy of our indigenous health workflow, found on page 17 of this resource.



Recording patient ethnicity

Recording patient ethnicity is important when addressing Indigenous health in Australia as it allows for targeted healthcare interventions for patients. Understanding the ethnic background of patients helps healthcare providers recognise specific health risks and disparities faced by Indigenous communities.

Ensuring that this data is accurately recorded allows for tailored approaches to healthcare delivery, and resource allocation, and ultimately contributes to the improvement of health outcomes to reduce the significant health gaps faced by Indigenous Australians.

Proportion of patients with Ethnicity recorded

The first step is to identify the proportion of patients in your practice who do not have ethnicity recorded. You can do this by using Cubiko's **QIM: Proportion of patients with Ethnicity recorded** metrics or running an SQL report from your PMS.

Should a significant portion of patients have no recorded ethnicity, we recommend kicking off a Quality Improvement activity aimed at increasing patient ethnicity recording.

These metrics offer valuable insights into the extent to which ethnicity data is being captured within your practice which can assist in uncovering gaps in patient ethnicity recording, identifying opportunities for enhancement, and monitoring progress. This metric has been designed to be used as a Quality Improvement Activity in your practice where you can record the steps taken and results using a Plan-Do-Study-Act (PDSA) cycle template. Accurate documentation of Indigenous patients' ethnicity is essential for addressing health disparities and delivering appropriate care.

Cubiko has a great [PDSA template](#) that you can download to track your progress towards recording patient ethnicity.

Patient Cohort: Ethnicity

Following the commencement of recording patient ethnicity, you can utilise Cubiko's **Patient Cohort: Ethnicity** metrics or run an SQL report from your PMS to identify the proportion of patients documented as Indigenous in your practice.

New patients

It's also important to monitor ethnicity recording for new patients. Use Cubiko's **New patients** metric to view the number of new patients who attended and have identified as Indigenous as well as the number of new patients who attended who didn't have their Ethnicity recorded, tying back into your Quality Improvement activity to increase the number of patients with ethnicity recorded.

By viewing your new patients' data by ethnicity to focus on Indigenous communities, practices can identify the proportion of new patients belonging to these communities, enabling tailored approaches to healthcare delivery and addressing the specific needs of Indigenous patients.

Identifying Indigenous patients eligible for item 715 Health Assessments

By harnessing practice data, healthcare providers can identify Indigenous patients eligible for item 715. This ensures they receive access to appropriate health assessments tailored to their needs and contributes to better health outcomes among Indigenous communities.

Possible patient item 715

Medical practitioners providing a health assessment for Aboriginal and Torres Strait Islander people should use **MBS Item 715** (or item 228 for non-VR, or telehealth items 92004 or 92011). This MBS health assessment item has no designated time or complexity requirements and can be billed every 9 months.

Identifying patients potentially eligible for item 715 can be a time-consuming task, often requiring manual review of patient records or running complex SQL queries. However, with Cubiko's **Possible patients item 715 metric**, this process becomes streamlined and efficient. Allowing you to identify the number of Aboriginal or Torres Strait Islander (Indigenous) patients who have not undergone a 715 Health Assessment within the past 9 months at your practice.

We recommend reviewing the list with the patient's Practitioner for suitability, and then proactively contacting these patients to book an appointment to have the service completed.

Possible item 715 billings

This metric can provide insight into the potential billing value from patients eligible for a item 715 (Indigenous) Health Assessment.

By identifying eligible patients who haven't undergone a health assessment, healthcare providers can estimate the revenue that could be generated from conducting these assessments. This data aids in forecasting revenue, optimising billing strategies, and ensuring efficient resource allocation.

By leveraging these insights, healthcare organisations can not only enhance their financial sustainability but also contribute to improving health outcomes and addressing healthcare disparities within Indigenous communities.

Identifying Indigenous patients eligible for item 10987

A systematic approach to identifying Indigenous patients eligible for Item 10987 is essential for promoting accessibility and responsiveness to the unique healthcare needs of Indigenous communities.

Possible patients item 10987

Item 10987 is a follow-up service provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner, on behalf of a

Medical Practitioner, for an Indigenous person who has received a health assessment.

By utilising Cubiko's **Possible patients item 10987** metric, practices can identify the number of patients who have had an item 715 billed in the past 12 months and have not had 10 x item 10987s billed this calendar year at your practice.

We recommend reviewing the list with the patient's Practitioner, and then proactively contacting these patients to book appointments to have the services completed.

Possible item 10987 billings

This metric can provide insight into the potential value of billings from patients eligible for remaining item 10987s this calendar year.

By identifying eligible patients who haven't had an item 10987 service billed, healthcare providers can estimate the revenue that can be generated from conducting these services. This data aids in forecasting revenue, optimising billing strategies, and ensuring efficient resource allocation.

By leveraging these insights, healthcare organisations can not only enhance their financial sustainability but also contribute to improving health outcomes and addressing healthcare disparities within Indigenous communities.

Item 10987 completion rate

This metric indicates the proportion of item 10987 services completed relative to the total number of eligible item 10987 services for the calendar year. This figure provides insights into the efficiency and effectiveness of item 10987 utilisation within the practice.

A higher completion rate suggests a more thorough and timely completion of services, ensuring that eligible patients receive the necessary care and interventions. Whereas, a lower completion rate

may indicate potential inefficiencies in the process of offering these services, highlighting areas for improvement in healthcare delivery and resource allocation.

Tracking this metric over time allows for the monitoring of performance trends and the identification of opportunities for enhancing the delivery of services to your Indigenous patients.

Identifying indigenous patients eligible for Chronic Disease Management services

Recognising Indigenous patients eligible for Chronic Disease Management involves a careful review of healthcare data and identifying individuals within Indigenous communities who may require specialised care and ongoing support. This is important because Indigenous populations experience disproportionately high rates of chronic illnesses such as diabetes, heart disease, and kidney disease compared to non-Indigenous patients. Early identification allows for intervention, better management, and improved health outcomes.

Potential new CDM patients

Use Cubiko's **Potential new CDM patients** metric to identify patients who may be potentially eligible to go onto a GPMP/TCA who have an underlying condition. These patients have either never had a care plan billed or have not been billed for a care plan in the last two years at your practice.

Broadly, our search function looks at Blood cancer diagnosis (within the last 5 years), Bone marrow transplants (within the last 2 years), Chronic liver disease, Chronic renal failure, Coronary heart disease or failure, Diabetes, Haemoglobinopathies, High BMI, Neurological condition, has transplant and immunosuppressant and Non-haematological cancer diagnosed in the last year.

Healthcare providers can filter this list by ethnicity to identify Indigenous patients who may be eligible for CDM services. Download and review the list with the patients' Practitioner. We then recommend you proactively

contact these patients to book an appointment to have the CDM service completed.

This approach reflects a commitment to equitable healthcare and promotes positive health outcomes for individuals within indigenous communities.

Item 721: Preparation of a GP Management Plan (GPMP)

Item 721 involves the preparation of a GP Management Plan (GPMP).

Eligibility is based on historical billings at your practice. This will exclude patients who have had item 721 billed in the past 12 months and those who have had item 732 (GPMP/TCA review) in the past 3 months.

Practices focusing on CDM for Indigenous patients can filter the patient lists by ethnicity. This allows for the identification of Indigenous patients who may benefit from a GPMP, ensuring equitable access to healthcare and targeted care coordination for chronic conditions prevalent within Indigenous communities.

Item 723: Preparation of Team Care Arrangements (TCAs)

Item 723 involves the preparation of Team Care Arrangements (TCAs).

Eligibility is based on historical billings at your practice. This will exclude patients who have had item 723 billed in the past 12 months and those who have had item 732 (GPMP/TCA review) in the past 3 months.

By filtering these metrics by ethnicity, healthcare providers can implement a targeted approach to CDM care for Indigenous patients. This allows for the identification of Indigenous patients who may benefit from a TCA.

Item 732: Review of a GP Management Plan or Coordination of a Review of Team Care Arrangements

Item 732 involves the review of a GPMP or coordination of a review of TCAs.

Eligible patients who have had an item 721 (GPMP) or 723 (TCA) billed at your practice in the past 12 months and based on historical billings may be eligible for an item 732 (GPMP/TCA review). This excludes patients who have had an item 732 in the past 3 months or those who have had an item 721 or 723 in the past 3 months.

Filtering these metrics by ethnicity allows healthcare providers to target Indigenous patients who may require a review and coordination of their care plans. This ensures continuity of care and positive health outcomes within Indigenous communities.

QuickCheck

Cubiko's QuickCheck feature allows you to know with certainty if patients are eligible for Chronic Disease Management items, and have not been billed for these services already at another practice.

Please note that Cubiko QuickCheck is not included in the standard Cubiko Subscription; for more information on how to get started, please search for **Getting started with QuickCheck** on our Knowledge Base.

Using QuickCheck, viewers can efficiently select up to 10 patients and verify multiple item numbers against their Medicare eligibility. Viewers also can search for a specific Patient to determine their eligibility by using the Patient Search function.

Checking your Indigenous patients' eligibility for CDM items before the day of service allows for peace of mind that your Practitioners will be able to successfully claim for the work performed.

We've created an [Indigenous Health Workflow](#) dashboard, containing the key metrics to use for improving the health of indigenous patients.

Identifying Indigenous patients eligible for Mental Health services

Indigenous patients have significantly higher rates of mental health issues compared to non-Indigenous populations. These challenges are compounded by barriers to accessing culturally appropriate mental health services, including geographic remoteness, cultural insensitivity, and socioeconomic disadvantage. Addressing these disparities requires targeted interventions, a culturally sensitive approach, and improved access to mental health services tailored to the specific needs of Indigenous communities.

Using Cubiko's Mental Health Treatment Plan metrics can help easily identify Indigenous patients eligible for Mental Health Treatment Plans (MHTP) or Mental Health Treatment Plan Review (MHTP Review).

Preparation of a Mental Health Treatment Plan (MHTP)

MHTP eligibility is based on historical billings at your practice. This will exclude patients who have had these items billed in the past 12 months and those who have had Item 2712 (MHTP Review) in the past 3 months. Item numbers used for MHTP:

- Items 2700 and 2701 (No Mental Health Skills Training) (or equivalent non-VR or Telehealth items)
- Items 2715 and 2717 (Provider has completed Mental Health Skills Training) (or equivalent non-VR or Telehealth items)

Review of a Mental Health Treatment Plan (MHTP Review)

Item 2712 (or equivalent non-VR or Telehealth items) or MHTP Review is used to review an established Mental Health Treatment Plan.

Eligible patients who have had a MHTP item billed in the past 12 months, may be eligible for a MHTP review. The recommended frequency for the review service, allowing for variation in patients' needs, is:

- an initial review, which should occur between four weeks to six months after the completion of a GP Mental Health Treatment Plan; and

- if required, a further review can occur three months after the first review.

Filtering these metrics by ethnicity allows healthcare providers to target Indigenous patients who may require a review and coordination of their mental health care plans. This ensures continuity of care and positive health outcomes within Indigenous communities.

QuickCheck

Cubiko's QuickCheck feature lets you know with certainty if patients are eligible for Chronic Disease Management or Mental Health Treatment Plan items, and have not been billed for these services already at another practice.

Please note that Cubiko QuickCheck is not included in the standard Cubiko Subscription; for more information on how to get started, please search for **Getting started with QuickCheck** on our Knowledge Base.

Using QuickCheck, viewers can efficiently select up to 10 patients and verify multiple item numbers against their Medicare eligibility. Viewers also can search for a specific Patient to determine their eligibility by using the Patient Search function.

Checking your Indigenous patients' eligibility for CDM and Mental Health items before the day of service allows for peace of mind that your Practitioners will be able to successfully claim for the work performed.

We've created an [Indigenous Health Workflow](#) Cubiko dashboard with the key metrics to use for improving the health of Indigenous patients.

Registering patients for Practice Incentive Program - Indigenous Health Incentive

The Practice Incentives Program – Indigenous Health Incentive (PIP IHI) promotes enhanced healthcare for Aboriginal and Torres Strait Islander individuals with chronic diseases. This initiative supports various healthcare providers, including general practices, Aboriginal Medical Services, and Aboriginal Community Controlled Health Services.

Chronic diseases contribute significantly to the health disparity between Indigenous and non-Indigenous Australians, accounting for 66% of the gap. PIP IHI aims to minimise this discrepancy by bolstering chronic disease management for Indigenous populations.

Its objectives include improving health outcomes and encouraging practices to prevent, identify, and manage chronic diseases among Indigenous communities.

The PIP IHI and the PBS Co-payment Measure are often coordinated to offer eligible Aboriginal and Torres Strait Islander patients free or affordable PBS medications if they have or are at risk of chronic diseases.

Practice eligibility for the Practice Incentive Program - Indigenous Health Incentive

For a practice to be eligible for the PIP - IHI they must:

1. be registered for the PIP
2. have proof that a system is in place to ensure Aboriginal and/or Torres Strait Islander patients with chronic disease are followed up adequately
3. complete cultural awareness training within 12 months of joining the incentive program, and must be able to provide proof of training
4. have consent to register eligible Aboriginal and/or Torres Strait Islander patients for the PIP IHI

You can download the PIP IHI consent and withdrawal forms from [Services Australia](#) or templates may be available to use in your PMS

How to register your practice for the Practice Incentive Program – Indigenous Health Incentive

Practices can apply for the PIP Indigenous Health Incentive either through HPOS using your PRODA account or by completing the Practice Incentives application form.

For practices already enrolled in the PIP, they can also apply for the Indigenous Health Incentive through HPOS using their PRODA account or by completing the Practice Incentives Program Indigenous Health Incentive practice application form.

Identifying patients eligibility for the Practice Incentive Program – Indigenous Health Incentive

To be eligible for the PIP IHI, qualifying patients must:

- have a current Medicare card
- self-identify as Aboriginal and/or Torres Strait Islander
- have a chronic disease or mental disorder
- nominate the practice as their 'usual provider'
- has had or been offered a health assessment for Aboriginal and/or Torres Strait Islander people using Medicare Benefits Schedule (MBS) items 228 or 715, or Telehealth Items 92004 and 92011

Currently, patients need to be registered as a PIP IHI patient annually. Practices can start registering their patients for the next calendar year from 1 November.

If your practice registers a patient for the first time in November or December, they'll automatically be registered for the current and following calendar year.

Please note that from 1 January 2025, all new registrations for patients 15 years and above, will be lifetime (ongoing).

In November 2024, lifetime registration will automatically be applied to all patients with an active 2024 registration who are over 15 years. You won't need to re-register these patients

For more information, please refer to [Services Australia](#).

Payments to practices participating in PIP IHI

The PIP Indigenous Health Incentive offers three payment types:

- sign-on payment,
- patient registration payment, and
- outcome payments.

Rural loading, ranging from 15% to 50%, is determined by the practice's remoteness level, with higher percentages applied to practices in Rural, Remote, and Metropolitan Areas (RRMA) classifications 3 to 7.

Payment Type	Amount Payable
Sign-on payment One-off payment to practices that register for the Indigenous Health Incentive. Practices agree to undertake specified activities to improve the provision of care to their Aboriginal and/or Torres Strait Islander patients with a chronic disease or mental disorder.	\$1,000 per practice
Patient Registration Payment A payment to practices for each Aboriginal and/or Torres Strait Islander patient 15 and over. These patients are registered with the practice as their 'usual care provider'. Patient registration payments aren't payable for patients under 15, but you can still register them.	\$100 per eligible patient per calendar year. Note: From 1 January 2025, \$0 will be paid to practices registering patients in PIP IHI.
Outcome Payment Tier 1 Practices receive a payment for either: <ul style="list-style-type: none">• Preparing and reviewing GP Management Plans, Team Care Arrangements, or GP Mental Health Treatment Plans for registered patients within a 12-month assessment period.• Completes two reviews of existing plans for registered patients or contributing to a review of a multidisciplinary care plan for a patient in a Residential Aged Care Facility within a 12-month assessment period qualifies for this payment.	\$100 per eligible patient per 12-month assessment period.
Outcome Payment Tier 2 A payment to practices that provide a target level of care for a registered patient within a 12-month assessment period.	\$200 per eligible patient per 12-month assessment period From 1 January 2025, \$300 per eligible patient per 12-month assessment period.

For up-to-date information and guidelines on the Practice Incentive Program - Indigenous Health Incentive please refer to [Services Australia](#).

Registering patients for Closing the Gap (CTG) PBS Co-payment

Health professionals serve as key advocates in ensuring access to affordable pharmaceuticals for Aboriginal and Torres Strait Islander Australians. Through initiatives like the Closing the Gap (CTG) Pharmaceutical Benefits Scheme (PBS) Co-payment, the cost of PBS medicines is reduced. Eligible patients can obtain their prescribed medication at a concessional price. Additionally, individuals holding a concession or healthcare card are entitled to receive their medication free of charge.

Identifying which patients are eligible for the CTG PBS Co-payment

A patient is eligible for the CTG PBS Co-payment if they:

- self-identify as an Aboriginal or Torres Strait Islander Australian
- will have setbacks in preventing or managing their condition if they don't take the medicine
- are unlikely to keep up their treatment without help with the cost
- are enrolled with Medicare.

Their age, where they live and their chronic disease status do not affect eligibility.

For up-to-date eligibility criteria please refer to [Services Australia](#).

How to register patients for the CTG PBS Co-payment

You can register a patient in the CTG PBS Co-payment register through Health Professional Online Services (HPOS). You will need an individual PRODA account linked to HPOS, as well as being a PBS Prescriber, Aboriginal and Torres Strait Islander Health Practitioner or their delegate.

To register your patient you'll need to:

1. Verify the patient's eligibility for CTG PBS Co-payment
2. Discuss the CTG PBS Co-payment with the patient and obtain their consent to register them
3. Log in to HPOS using your individual PRODA account
4. Navigate to **My Programs** on the HPOS landing page and select **Closing the Gap PBS Co-Payment register**
5. Search for a patient using their details

The 'Register' button will show for patients with an inactive status. You'll need to **select 'Register'** to change the patient's status to active. Once the system has been updated they can get their prescription medicine at a reduced rate.

Please note that you only need to register a patient once. They don't need to register again if they move to a different health clinic. But you will need to ensure that you have ticked the **Registered for CTG PBS Co-payment relief** box in your patient details screen in your PMS to ensure prescriptions have the correct information on them when supplied.

For up-to-date information on how to register patients, please refer to [Services Australia](#).

