

## Senate Community Affairs Committee

### ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

#### HEALTH AND AGEING PORTFOLIO

#### Budget Estimates 2013-14, 5/6 & 7 June 2013

**Question:** E13-190

**OUTCOME:** 5 – Primary Care

**Topic:** Primary Care Practice Incentives

**Type of Question:** Hansard Page Page 41, 6 June 2013

**Senator:** Fierravanti-Wells

**Question:**

[Practice Incentives for General Practices Fund - BRE 733 forward estimates] - And that has got \$280 million, \$208 million, \$223 million and \$228 million. Can you provide me with a breakdown of what is going to be spent on each [11] PIP across the forward estimates and how many practices are expected to be eligible for each payment?

**Answer:**

<i>Table 1 – Practice Incentives Program Expenditure by Incentive</i>	<b>2012-13 \$m</b>	<b>2013-14 \$m</b>	<b>2014-15 \$m</b>	<b>2015-16 \$m</b>
<b>BRE 733 Appropriation</b>	<b>280.50</b>	<b>208.50</b>	<b>223.30</b>	<b>228.60</b>
<b>INCENTIVE</b>				
eHealth	88.80	90.40	92.65	92.65
After Hours (ceases 30 June 2013)	45.41	10.10	0.00	0.00
Teaching	19.65	22.07	23.88	25.69
Quality Prescribing	2.34	2.31	2.60	2.60
Rural Procedural Payment	9.16	9.31	9.47	9.63
Asthma	0.05	0.04	0.04	0.04
Cervical Screening	3.66	1.55	1.55	1.55
Diabetes	12.29	7.61	7.61	7.61
Indigenous Health Incentive	20.56	24.91	27.55	29.00
Aged Care Access Initiative	20.93	22.10	23.50	24.90
Immunisation (ceases 30 June 2013)	22.20	0.00	0.00	0.00
Service Incentive Payments (Asthma, Diabetes, Cervical Screening)	14.84	15.91	17.19	18.47
Rural Loading	23.84	19.84	20.20	20.60
Australian Safety and Quality Commission	1.00	1.00	1.00	
<b>Total payments (Aug, Nov, Feb, May)*</b>	<b>284.73</b>	<b>227.16</b>	<b>227.24</b>	<b>232.74</b>

\*Based on actual or estimated quarterly payments (August, November, February, May).

The Practice Incentives Program (PIP) is demand driven, with capped funding. Although incentive participation trends are reasonably predictable, they are not 100 per cent accurate. Annual over-expenses in PIP are managed as the PIP payment quarters (August, November, February, May) do not align with financial year quarters. As such the August quarterly payment in any given year covers the previous years' over-expense.

<i>Table 2 – Practice Incentives Program - Estimated number of participating practices*</i>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
<b>INCENTIVE</b>				
eHealth	4,797	4,883	5,005	5,005
After Hours	NA - Ceases 30 June 2013			
Teaching	1,988	2,233	2,416	2,599
Quality Prescribing (QPI)	759	750	844	844
Procedural Payment	360	366	372	378
Asthma	NA - Sign on payment only			
Cervical	1,119	474	474	474
Diabetes	2,715	1,681	1,681	1,681
Indigenous Health Incentive	2,147	2,601	2,877	3,029
Aged Care Access Initiative	NA - Provider payment			
GPII	NA - Ceases 30 June 2013			
Service Incentive Payments (Asthma, Diabetes, Cervical Screening)	NA - Provider payment			
Rural Loading	1,631	1,683	1,735	1,787
Australian Safety and Quality Commission	NA	NA	NA	NA

\*Estimates for 2013-14 onwards are based on the estimated expenditure shown in Table 1 divided by the average payment per participating practice in 2012-13.