

The Practice Nurse Incentive Program (PNIP)

From January 1st 2012 the Commonwealth government will change the funding arrangements for General Practices employing Practice Nurses (PN). The PNIP will replace the funding available under the Practice Nurse PIP and remove six PN item numbers. While this may sound like semantics, it is a very different incentive scheme. This article provides an overview of the new scheme.

The following payments will cease on 31st Dec 2011:

- The practice nurse PIP payment will be abolished (Most MGPN Practices have not been eligible for this payment due to our location and RA-1 classification).
- PN Item numbers: Immunisation - 10993, wound management - 10996 and cervical screening - 10994, 10995, 10998 and 10999.

From January 1st 2012 the PNIP commences:

Accredited* General Practices and Aboriginal Community Controlled Health Services (ACCHS)** who employ a PN or Aboriginal Health Worker (AHW) will be eligible to access the PNIP. Several factors are taken into account when determining the value of the incentive to be paid to each practice; the payments will be based on the basic ratios as follows:

\$25,000pa per 1000 SWPE* for a minimum of 12 hours & 40mins of RN work per week.**

\$12,500pa per 1000 SWPE for a minimum of 12 hours & 40 mins of EN or AHW per week.

NB: There are extra loadings on these payments for practices that see DVA gold card holders in their rooms and for rural and remote practices.

The Medicare Australia website offers a Ready Reckoner to assist in calculation of the benefit your practice will be eligible for. This tool allows you to calculate your practice's PNIP by asking you to input the details of your practice including nurse hours worked, practice SWPE value and additional loadings if applicable.

Compensation for disadvantaged practices

Practices not wishing to participate in the PNIP, who are financially impacted by the removal of the 6 PN item numbers can apply for "grandparenting payments".

Accredited practices participating in the PNIP, financially impacted by the removal of the 6 PN item numbers and/or cessation of the PIP PN incentive, can apply for "top up payments".

Grandparenting and Top up payments will be assessed on historical data of PN income from 1 Aug 2010 - 31 July 2011 and will be paid for 3 years until 31 December 2014.

Practices must apply before the 30 June 2012 to receive these compensation payments.

Non-accredited Practices wishing to register for the PNIP will be offered a one-off \$5,000 incentive payment to become accredited. MGPN provides practices with

information, resources and on-site support for practices working towards accreditation or re-accreditation. For information contact: Samantha Smorgon, Practice Management and Quality Improvement Program Officer, 9347 1188

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* Practices with full RACGP accreditation and those registered for accreditation against the RACGP standards are eligible. Practices registered for accreditation will be eligible for PNIP payments for a maximum period of 12 months and must achieve full accreditation to ensure ongoing PNIP eligibility.

** ACCHS are eligible for additional benefits under the PNIP including a 50% loading to their practice SWPE value and funding to employ allied health professionals instead or in addition to the RN.

*** The calculation of the practice's Standardised Whole Patient Ratio (SWPE) value is determined by Medicare. It is important that practices ensure consent to all the MBS and SWPE data for each GP is provided to Medicare to enable access to the maximum PNIP benefit. Where a practice does not have SWPE data, Medicare will allocate a practice value of 1000 SWPEs until an accurate value is calculated (approx 18months).

Details are available at www.medicareaustralia.gov.au/provider/incentives/pnip.jsp or contact Kelly Phuah: Program Officer Nursing in General Practice,

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