



Australian Government
Department of Health and Ageing

Review of the General Practice Immunisation Incentives (GPII) Scheme

In consultation with the GPII Advisory Group

January 2004

Summary Report

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1. The General Practice Immunisation Incentives (GPII) Scheme

In 1997 the Australian Government announced *Immunise Australia: The Seven Point Plan*, a program to improve the nation's childhood immunisation levels. The GPII Scheme was one of the seven initiatives the Plan outlined.

The GPII Scheme began in 1998, aiming to encourage 90 per cent of medical practices to fully immunise 90 per cent of children under the age of seven years attending their practices. The GPII Scheme provides financial incentives to general practitioners (GPs) who monitor, promote and provide immunisation services to children under the age of seven years (the 'target group').

The Scheme recognises the central role that GPs have in preventive health care and in raising childhood immunisation coverage, as they have significant levels of contact with the target group. Every consultation involving a child is an opportunity for monitoring a child's immunisation status and for providing immunisation services if required.

The GPII Scheme provides measures to boost immunisation in three ways:

- 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 according to the National Immunisation Program;
- An Outcomes Payment – a payment to practices that fully immunise 90 per cent or more of children under seven years of age attending their practices.
- Immunisation infrastructure funding – which funds Divisions of General Practice, State-Based Organisations and a National GP Immunisation Coordinator to improve the proportion of children who are immunised at local, state and national levels.

The Department of Health and Ageing administers the GPII Scheme and the Health Insurance Commission (HIC) makes the incentive payments.

A General Practice Immunisation Incentives Advisory Group continually provides ongoing advice to the Department on the operation of the GPII Scheme. The Advisory Group includes health profession representatives as well as from State governments, consumers, HIC and the Department. Appendix A lists the membership of the Advisory Group.

2. The need to review the GPII Scheme

The GPII Scheme began on 1 July 1998 as a two-year initiative which the medical profession and the Department agreed to jointly review towards the end of that period.

KPMG Consulting reviewed the GPII Scheme in 2000. That review made several recommendations including continuing the GPII Scheme, with regular reviews, with the first in 2003.

In October 2002, the then Health Minister extended the GPII Scheme to 30 June 2004 given that the Department, in consultation with the GPII Advisory Group, again reviewed it.

3. The review process

The review drew on GPII Advisory Group expertise. A subgroup of the Advisory Group was formed to directly assist the Department (see Appendix B).

The GPII Review subgroup met on 16 December 2002 and agreed on its Terms of Reference. These were that the Department would:

- TOR 1 Review GPII performance since it began in 1998 including:
 - Evaluating the introduction of the GPII by Human Capital Alliance (HCA) P/L 1999
 - The KPMG Consulting evaluation of the GPII Scheme in 2000
 - The General practice Divisions Victoria (GPDV) commissioned report
 - Statistical information
 - The scheme's achievements.

- TOR 2 Consider the potential effect of raising Outcomes targets to 90 per cent immunisation coverage from 1 July 2003.

- TOR 3 Consider the results of the Ministerial Review of the Role of Divisions of General Practice.

- TOR 4 Consider the potential impact of changes to the Australian Standard Vaccination Schedule (ASVS) and to consider
 - Specific changes, such as the Meningococcal C immunisation program and real-time reporting;
 - Proposed changes, which may include unfunded vaccines; and
 - Future changes, GPII principles in relation to the ASVS.

- TOR 5 Consider factors that may affect the GPII Scheme's operational efficiency.
 - Conscientious objectors;
 - Unfunded vaccines;
 - Data cleaning; and
 - Legislative changes that improve immunisation practice.

- TOR 6 Make recommendations for the future of GPII Scheme.

The results of previous evaluations of the GPII Scheme were examined, a statistical analysis was undertaken to evaluate its achievements, and changes to the ASVS and recent policy decisions regarding the GPII Scheme were addressed.

As the review progressed, some terms of reference had been overtaken by events. This was due to a decision to delay finalisation of the review until the deliberations of the GP Red Tape Taskforce were completed and the ramifications for the GPII Scheme were known.

The recommendations from the GPII review are at Appendix C.

4 Discussion of individual Terms of Reference (TOR)

TOR 1 – Review the performance of GPII Scheme since its implementation in 1998

In reviewing the performance of the GPII Scheme, previous work was taken into account, including:

- *Evaluation of the introduction of GPII* by Human Capital Alliance P/L (HCA) 1999 and 2000;
- *Evaluation of the General Practice Immunisation Incentives Scheme* by KPMG Consulting in 2000; and
- *Effect of GPII funding to Divisions of General Practice on Immunisation Provision in Victoria* prepared by The Centre for Community Child Health, Royal Children's Hospital Melbourne for General Practice Divisions Victoria in February 2002.

Some of the key messages arising from these previous evaluations were:

- Continued widespread support by GPs for the GPII Scheme;
- Immunisation was a clearer focus and higher priority for most GPs than previously;
- The GPII Scheme had increased immunisation coverage, increased awareness and knowledge of immunisation among GPs;
- All elements of the scheme were popular and believed to work well in combination;
- The SIP was important to encourage GPs to participate in the GPII Scheme and had a substantial impact on data reporting to the ACIR. The Outcomes payment encouraged GPs to approach childhood immunisation in a far more strategic manner than previously;
- The funding of the immunisation infrastructure (Divisions of General Practice, State-Based Organisations and a national immunisation coordinator) was essential to the success of the GPII Scheme. It contributed to increased GP participation, increased awareness of population health issues and improved the quality of immunisation practice generally within general practices; and
- The GPII Scheme should continue, with some changes, until June 2003. The SIP, Outcomes payment and infrastructure components each should be retained.

A statistical analysis of the performance of GPII Scheme since its implementation on 1 July 1998 was undertaken. Key statistics were:

- Practice participation increased from 3,016 practices in August 1998 to 5,472 in November 2003, representing an increase of 81 per cent over that period.
- Average practice immunisation coverage had increased from 73 per cent in August 1998 to 92 per cent in November 2003.
- The proportion of practices achieving 90 per cent immunisation coverage increased from 12 per cent in August 1998 to 78 per cent in November 2003.

The Review considered GPII Scheme achievements and found:

- The GPII Scheme has been highly successful and has acted as a catalyst in engaging GPs in childhood immunisation;
- Practice participation in the GPII Scheme had increased significantly;
- The average practice immunisation coverage had also shown impressive gains;

- The GPII Scheme had reinforced the central role of the GP in immunisation and in patient care generally. This in turn gave the public greater access to immunisation.
- The GPII Scheme promoted a population health perspective among GPs encouraging them to think about aggregated data, health promotion and disease prevention.
- The GPII Scheme has increased awareness of immunisation in GPs;
- The GPII Scheme increased collaboration between providers that resulted in initiatives such as data cleaning;
- Funding of the immunisation infrastructure was seen as instrumental in the development of collaboration with non-GP immunisation providers; and
- The GPII Scheme had improved immunisation services delivered through general practice.

TOR 2 – Consider the potential effect of raising Outcomes targets to 90 per cent immunisation coverage from 1 July 2003

When the GPII Scheme was implemented in July 1998, Outcomes payments were made to practices that achieved certain targets – these were between 70 per cent and 80 per cent immunisation coverage, between 80 per cent and 90 per cent and 90 per cent or greater. The lower targets have been progressively removed over time.

When the GPII Scheme was established, it was agreed with the GP Forum that the 70 per cent to 80 per cent target would be removed in July 1999. Later, in consulting the General Practice Memorandum of Understanding (MoU) Group, the then Health Minister raised Outcomes targets to 85 per cent immunisation coverage from 1 January 2002 and to 90 per cent immunisation coverage from 1 January 2003. The latter date was subsequently extended to take effect from 1 July 2003.

Number of practices affected by the removal of the 85 per cent to less than 90 per cent Outcomes payment tier

When the removal of the 85 per cent to 90 per cent Outcomes payment tier was announced, concern was expressed by the medical profession that a significant number of practices that would miss out on an Outcomes payment.

An examination of the August 2003 and November 2003 Outcomes payment re-calculations revealed that 958 and 673 practices respectively did not receive an Outcomes payment as a result of the removal the 85 per cent to 90 per cent Outcomes payment tier. The November 2003 result is very encouraging in showing that practices are moving to meet the new target. The review noted that if previous program trends were a guide, the number of practices that would miss out on incentive payment would decrease over time.

The data also revealed that the change to using the use of the National Due and Overdue Rules for Childhood Immunisation by the GPII Scheme, means that practices now need to lodge their immunisation data with the ACIR more promptly.

The review report noted ACIR studies showing that 75 per cent of immunisations are reported to the ACIR within three weeks of the service date and 90 per cent of immunisations were reported to the ACIR within six weeks after the service date. These reporting delays can impact on practice immunisation coverage and consequential GPII Outcomes payments.

The ACIR and HIC have encouraged medical practices (using newsletters, the GPII pages of the HIC website and mailouts) to provide information to the ACIR sooner after an

immunisation event to ensure that the data on children in their care was up to date on the ACIR.

TOR 3 – Consider the results of the Ministerial review of the role of Divisions of General Practice

This Ministerial review was made public in July 2003 so the Divisions of General Practice network and other interested stakeholders could discuss issues raised. However, when this review of the GPII Scheme was finalised, the government's response to the review recommendations was not available.

In this context, it was important to revisit some findings of the KPMG Consulting report regarding the role and importance of the immunisation infrastructure funded under the GPII Scheme. Funding of the immunisation infrastructure (Divisions of General Practice, State-Based Organisations and a national immunisation coordinator) was deemed essential to the success of the GPII Scheme. More GPs took up the scheme, awareness of population health issues increased and the quality of immunisation practice improved generally within medical practices.

Non government members of the GPII Advisory Group urged that funding to Divisions and SBOs should continue to ensure that childhood immunisation coverage continues to increase.

TOR 4 – Consider the potential impact of changes to the Australian Standard Vaccination Schedule (ASVS)

In September 2003 the Minister for Health and Ageing and the NHMRC announced significant changes to the National Immunisation Program (NIP) and ASVS respectively.

The ASVS list all the NHMRC-recommended vaccines. The ASVS differs from NIP in that the ASVS lists technical recommendations for vaccination, while the NIP lists free vaccines.

The changes related to removing the fourth dose of DTPa, (Diphtheria, Tetanus, and Pertussis) from both schedules, which was previously given at 18 months of age, and including unfunded vaccines in the ASVS.

The review found that removing the fourth DTP dose is likely to significantly impact Service Incentive Payments (SIPs). GPII SIP data shows that in a full year GPs would miss out on some \$3.3 million. Non-government members recommended that incentives not paid to GPs as a result of this measure should remain in the GPII funding pool.

With respect to unfunded vaccines on the ASVS, non government members of the GPII Advisory Group were concerned that, for the first time, the childhood schedule would differ from the NIP. General practitioner members in particular expressed strong views on the inclusion of unfunded vaccines in the childhood immunisation schedule. They saw the consequences of the gap between the ASVS and the NIP Schedules as:

- Creating a 'two-tiered' population of children either vaccinated according to NHMRC recommended ASVS 'best practice', with out-of-pocket expenses, or according to the NIP;
- Given the cost implications, parents may need to discuss vaccinations with their partners, resulting in delay in completing schedules and probably missing some altogether;
- Confusion among providers and parents regarding complex issues with variable and inconsistent advice given across all vaccine providers;

- Inability of many parents to decide, when at the practice for routine vaccination, which of the options to choose; and
- Additional burden of time and cost of providing routine encounters to explain options by all vaccine providers (public and private). This would result in additional Medicare Benefits Schedule (MBS) costs of longer or extra visits.

The effects of these consequences were seen as:

- A decrease in compliance with all recommended vaccines including existing NIP antigens that have already attained a high level of coverage;
- A decrease in coverage with consequential impact on ACIR and GPII immunisation coverage and payments; and
- Population susceptibility to vaccine-associated paralytic poliomyelitis (VAPP).

TOR 5 – Consider factors that may affect the operational efficiency of the Scheme

The review discussed factors that put the operation of the GPII Scheme at risk and activities that are beneficial to the operation of the GPII Scheme.

Negative factors

Factors discussed that put the operation of the GPII Scheme at risk were: conscientious objectors to immunisation, unfunded vaccines on the ASVS, inconsistent communication regarding immunisation and Divisions of General Practice not participating in data cleaning activities.

Conscientious objectors to immunisation

The review noted that, under the GPII Scheme, conscientious objectors are included in the practice population but are considered as not fully immunised for the purpose of calculating a practice's immunisation coverage.

This is an issue because some regions in Australia have a relatively high proportion of conscientious objectors, making it difficult for some practices, for example in Byron Bay and Nimbin, to reach the 90 per cent immunisation coverage target required to receive the quarterly Outcomes payment.

One of the results of a study in December 2001 by the National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases (NCIRS) suggests that the proportion of parents and guardians who disagree with immunisation is possibly as high as 2-3% of the total cohort of children at 12 months of age.

The issue of conscientious objection to immunisation had been discussed at GPII Advisory Group meetings during 2001 and 2002. Submissions had been received from some more affected Divisions of General Practice (Tweed Valley, Northern Rivers and Sunshine Coast) requesting that this matter be considered with a view to minimising the financial impact of conscientious objectors on practice immunisation coverage.

In view of the GPII Advisory Group's discussions on this topic and submissions made to it by Divisions adversely affected, the Department offered additional assistance. In early 2003 it offered \$5,000 each to the five most affected Divisions in Australia – Northern Rivers Division of General Practice, Tweed Valley Division of General Practice, Sunshine Coast Division of General Practice, Blue Mountains Division of General Practice and Adelaide Hills Division of General Practice.

Suggested uses of the funding were to:

- Help GPs develop strategies to influence parents to consent to their children being immunised, eg resource material;
- Develop additional Divisional strategies to counter anti-vaccination publicity;
- Promote immunisation activities through the media, local papers, television;
- Increase hours worked by part-time immunisation coordinators; or
- Increase frequency of visits by immunisation coordinators to provide more support to most affected practices.

The Advisory Group saw this as a very successful way of providing support to a specific group without changing the GPII Scheme.

Unfunded vaccines on the ASVS

GPII Advisory Group members saw the introduction of unfunded vaccines in the ASVS as creating tensions within the GPII Scheme resulting in consequences discussed under TOR 4.

Consistent communication regarding immunisation

Because a variety of federal/state/local government agencies and organisations provide information on childhood immunisation, the Review Group stressed the importance of ensuring consistent public awareness of programs through childcare centres, education departments and other government agencies.

Divisions of General Practice not participating in data cleaning activities

As the average immunisation coverage exceeds 90 per cent, further substantial improvement becomes harder to achieve. One limiting factor was incomplete or inaccurate GP immunisation data sent to the ACIR leading to incorrect assessment of the child's immunisation status on the register. The process of ensuring timely, complete and accurate information being sent to the ACIR is called data cleaning.

Non government members of the GPII Advisory Group were disappointed that some Divisions continue to resist involvement in data cleaning because it was not seen as their role.

Positive factors

The GPII Advisory Group considered the following beneficial to the GPII Scheme: data cleaning, electronic data access and transfer, use of the National Due and Overdue Rules for Childhood Immunisation in the GPII assessment of immunisation status, dynamic relationships established within the immunisation infrastructure, maintenance of immunisation standards and legislative changes to improve immunisation practice.

Data cleaning

This has become an important issue as both the ACIR and the GPII Scheme have matured.

In 2000 the Department commissioned an evaluation of the ACIR. The report by Human Capital Alliance recommended improving the completeness and currency of data forwarded to the ACIR, and linked this responsibility to immunisation providers and their support networks (the immunisation system). Many of the current data cleaning initiatives resulted.

Subsequently, the Department initially funded HIC to employ dedicated ACIR field officers in each State and Territory to 30 June 2001. Funding has been extended until 31 December 2003.

The review report noted that ACIR Field Officers had made some significant achievements, some of which went beyond improving data accuracy and included improved collaborative relationships between providers, Divisions and State/ Territory health departments.

The GPII Advisory Group gave strong support for the data cleaning activities of the ACIR Field Officers and supported their ongoing role.

Electronic data access and transfer

The review noted the importance of information technology to access ACIR immunisation data and that the ACIR is considering giving immunisation providers greater access to immunisation data using HIC Online.

HIC Online allows health care providers to do business with HIC quickly and securely over the internet. Online services currently available include:

- lodging Medicare bulk bills,
- private patient claims and DVA medical claims from a health care provider to HIC, and
- submitting immunisation data direct to the ACIR.

Members noted that the Productivity Commission Review of General Practice Administrative and Compliance Costs recommended that the Government accelerate the use of information technology by GPs.

Recent Australian Government incentives through MedicarePlus are pertinent, assisting GPs and specialist practices to install HIC Online to reduce doctors' paperwork and let them receive payments electronically from HIC faster.

Use of the National Due and Overdue Rules for Childhood Immunisation in the GPII assessment of immunisation status

Prior to 1 July 2003, the GPII Scheme considered children to be fully immunised only if they had received their immunisation in accordance with the timing specified in the ASVS. For a variety of reasons some children could not be vaccinated on time and were put onto separate schedules to allow them to 'catch up'. Children vaccinated in this manner were considered 'not fully immunised' for the purposes of GPII Outcomes assessment because they did not receive their immunisation at the specified times, although, immunologically, they may have been fully immunised.

The exclusion of completed 'catch-up' schedules in the GPII Outcomes assessment has long been a concern for the profession and their inclusion was a recommendation of the KPMG evaluation in 2000. This recommendation was supported by the GPII Advisory Group but was not implemented due to funding constraints at that time.

The exclusion of 'catch-up' vaccinations in the GPII Scheme was not consistent with the ACIR, which recognises 'catch-up' vaccinations for immunisation coverage.

The then Minister for Health and Ageing announced on 7 November 2002 that 'catch-up' vaccinations would be used in the GPII assessment of immunisation status from 1 July 2003

to ensure consistency with the ACIR assessment and in recognition of the extra work required by GPs to bring children, who started their vaccinations late, up to date.

Maintaining immunisation standards

Unlike practices participating in the Practice Incentives Program (PIP), practices participating only in the GPII Scheme are not required to undergo an accreditation process. The GPII Advisory Group is aware of the medical profession's support for validation of practice standards and supports the Department of Health and Ageing's intention to introduce a confirmation process as a way of validating best immunisation practice in practices participating only in the GPII Scheme.

The Health Insurance Commission conducts an annual confirmation process for practices registered with the PIP, which ensures that practice details such as practice members and bank account details are updated. This in turn ensures that practices receive their full entitlement of incentive payments.

The GPII Advisory Group believes that a similar confirmation process will be beneficial for practices registered only with the GPII Scheme to ensure that they too receive their full entitlement of incentive payments. This process would be modified to check what, where and how vaccines are stored and delivered to promote best immunisation practice by providers.

Legislative changes to improve immunisation practice

The review report noted that legislative changes in recent years had facilitated the administration of vaccines by GPs. Medicare changed so that where patients are bulk-billed, practitioners could only make an additional charge against patients where the patient received a vaccine/vaccines from the practitioner's own supply held on premises. This exemption only applies to GPs and other non-specialist practitioners in association with attendance Medicare items 3 to 96 (inclusive). It also only relates to vaccines not available to the patient free of charge through Australian Government or State funding arrangements or available through the Pharmaceutical Benefits Scheme. The additional charge must only be to cover supplying the vaccine.

More recently, legislation to enable the ACIR to record immunisations given overseas received Royal Assent on 23 September 2003. This meant that from 21 December 2003 the ACIR could record immunisations given to children while overseas. Vaccinations with a service date earlier than 21 December 2003 could also be recorded. Recording overseas vaccinations will provide a complete vaccination history for a child and assist parents claiming the Australian Government's Child Care Benefit and Maternity Immunisation Allowance. It could also increase immunisation coverage for GPII purposes.

The ability to record immunisations given overseas was in response to a key message from the National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases report in 2001 that found that 14 per cent of immunisations not notified to the ACIR were given overseas.

The GPII Advisory Group discussed the important role that practice nurses have in a practice and noted that practice nurses assist at all levels, from service administration and cold chain management to attending to general practice management issues. The Advisory Group discussed ways that could facilitate immunisation without the GP being present, thus freeing up the GPs time. Changes to the MBS arrangements were recommended.

TOR 6 – Make recommendations for the future of the GPII Scheme

Continuity of the GPII Scheme

The GPII Scheme began as a two-year Scheme with a review at the end of that period. There have been several extensions to the arrangements of the GPII Scheme.

There has been considerable concern within Divisions of General Practice, SBOs, and the profession regarding the lack of certainty about whether the GPII Scheme will continue. Although it has continued, over time there has been criticism of its perceived 'stop start' nature. This is due to extension of arrangements for apparently short periods of time and the relatively short lead times given for continuing the GPII Scheme, thus making planning and staff retention more difficult.

The review report noted that there are considerable pressures on general practices registered with the GPII Scheme to achieve high levels of immunisation coverage. From 1 July 2003 practices had to achieve 90 per cent or higher immunisation coverage to receive an Outcomes payment. Continuity of the GPII Scheme will provide an incentive in itself to encourage practices to continue to strive to reach the 90 per cent target and put in place longer-term strategies to improve immunisation coverage as well as to introduce sustainable practice procedures for handling immunisation patients within their practices.

Non-government members of the Advisory Group recommended the continuation of the GPII Scheme and the concomitant continuation of funding for the immunisation infrastructure.

Consistency with other Government programs

The GPII Scheme is an integral part of the *Immunise Australia: The Seven Point Plan* announced in February 1997. The elements of the Plan run across a number of Government programs.

The Minister's decision for the GPII Scheme to recognise 'catch-up' vaccinations in the assessment process in determining immunisation status by using the National Due and Overdue Rules was seen as an example of consistent reporting to doctors across Australian government programs. This decision enabled consistent assessment of immunisation status across the GPII Scheme, ACIR, and Centrelink family assistance programs.

The review report also discussed the tensions that would be introduced within the GPII Scheme if unfunded vaccines were included as part of the proposed changes to the ASVS. Non-government members of the Advisory group agreed that the GPII Scheme should continue to include vaccines that are reported on by the ACIR to determine immunisation status and coverage and that it was equally important to maintain consistency across programs such as the ACIR and linkages to family assistance payments.

Whole-of-life register

The review report noted that the report of the evaluation of the GPII Scheme by KPMG Consulting in 2000 made two recommendations regarding the roles of the NGPIC and SBOICs in whole-of-life immunisation activities.

The GPII Advisory Group noted that the ACIR, established on 1 January 1996, had reached maturity in 2003 and for the first time contained records of all children in Australia under seven years of age. Non government members of the GPII Advisory Group expressed their

continued support for the concept of a whole-of-life register for the ACIR as a future direction for immunisation.

APPENDIX A – Membership of the General Practice Immunisation Incentives Advisory Group as at December 2003

Mr Paul McGlew (Chair, Australian Department of Health and Ageing)
Dr Ian Adair (Alliance of NSW Divisions)
Dr Peter Eizenberg (North East Valley Division of General Practice Ltd, Vic)
Dr Joanne Molloy (Australian Divisions of General Practice Ltd)
Dr Rod Pearce (Australian Medical Association)
Ms Karen Peterson (National Immunisation Committee)
Dr Irene Shaw (Consumer representative)
Dr Jane Smith (Royal Australian College of General Practitioners)
Ms Diana Terry (National GP Immunisation Coordinator)
Ms Sharon Tuffin (Australian Department of Health and Ageing)
Ms Jenny Whaler (Health Insurance Commission)

APPENDIX B - Membership of the GPII Review Subgroup

Mr Paul McGlew (Chair, Australian Department of Health and Ageing)
Dr Peter Eizenberg (General practitioner, GPII Advisory Group member)
Dr Joanne Molloy (General practitioner, GPII Advisory Group member)
Dr Rod Pearce (General practitioner, GPII Advisory Group member)
Mr Jeff Van Lohuizen/Ms Jenny Whaler (Health Insurance Commission)

APPENDIX C – Recommendations of the review of the General Practice Immunisation Incentives (GPII) Scheme

Term of Reference 3 – Consider the results of the Ministerial review on the role of Divisions of General Practice

Recommendation 1 Non government members of the GPII Advisory Group urged that the capacity of Divisions of General Practice and State Based Organisations to undertake immunisation activities should be maintained at least at current levels to ensure the gains achieved in immunisation so far are not lost.

Recommendation 2 Non government members of the GPII Advisory Group considered that Australian Government contracts with Divisions of General Practice and State Based Organisations to provide GPII funding to undertake immunisation activities should be more specific, with deliverables to specifically include data cleaning activities.

Term of Reference 4 – Consider the potential impact of changes to the Australian Standard Vaccination Schedule

Recommendation 3 Non government members of the GPII Advisory Group agreed that GPII funds, not disbursed to general practitioners as a result of removal of the necessity for vaccines required in Schedule 5 of the childhood schedule of the National Immunisation Program, should remain within the GPII funding pool.

Recommendation 4 Non government members of the GPII Advisory Group support evidence-based best immunisation practice and therefore support full funding for the vaccines on the NHMRC approved childhood vaccination schedule.

Recommendation 5 In the absence of a fully funded NHMRC approved childhood vaccination schedule, non government members of the GPII Advisory Group accepts that the basis for calculations and payments under the GPII Scheme should be the National Immunisation Program funded vaccination schedule. Special strategies may need to be developed to help minimise the impact on the National Immunisation Program should there be a funding gap.

Term of Reference 5 – Review factors that may affect the operational efficiency of the GPII Scheme

- Recommendation 6 To facilitate more efficient immunisation services when the practice nurse administers a vaccine, non government members of the GPII Advisory Group suggested two options for consideration by the Australian Department of Health and Ageing:
- For routine immunisation services provided by practice nurses, the GP be exempt from personally attending, and there be a specific clause to allow the GP to supervise without being required to attend;
- or
- Change the status of the administration of a vaccine to a procedural item so that the 'on behalf of' provisions can be applied under Medicare.

Term of Reference 6 – Make recommendations for the future of the GPII Scheme

- Recommendation 7 Non government members of the GPII Advisory Group have over the years expressed their concerns about the lack of continuity of the GPII Scheme and would support an announcement that assures the Scheme's future and funding in the longer term.

In the absence of such an announcement, a review of the Scheme at 24-month intervals is supported.

- Recommendation 8 Non government members of the GPII Advisory Group urged the continuation of funding for Divisions allowing them to maintain their important role in education and the promotion of the Australian Standard Vaccination Schedule, particularly as immunisation issues become more complex.

- Recommendation 9 Non government members of the GPII Advisory Group expressed their continued support for the concept of a whole-of-life register for the Australian Childhood Immunisation Register as a future direction for immunisation.