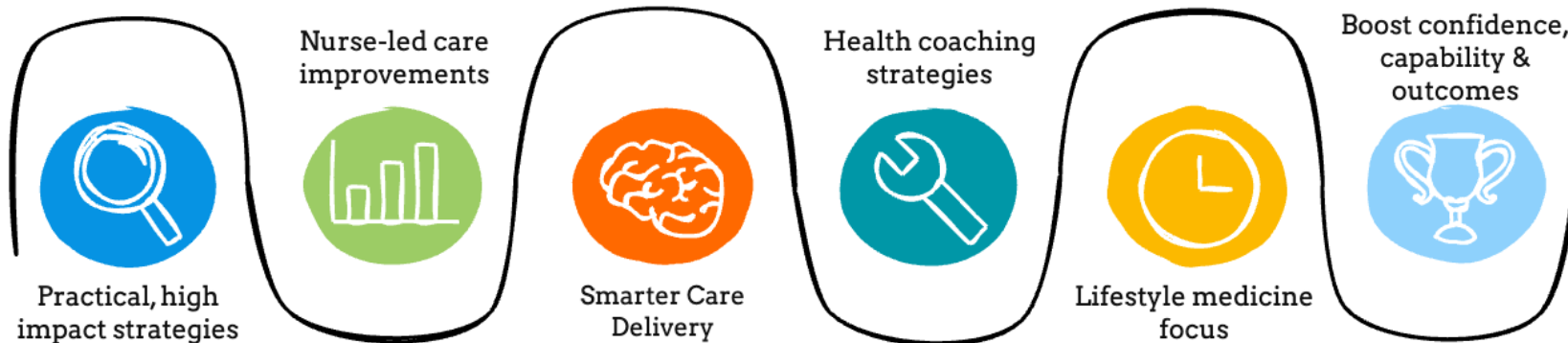


Transforming Clinical Care | The Webinar Series



Webinar #6 of 7 (Recorded)



Optimising QI-PIP & Indigenous Health Incentives

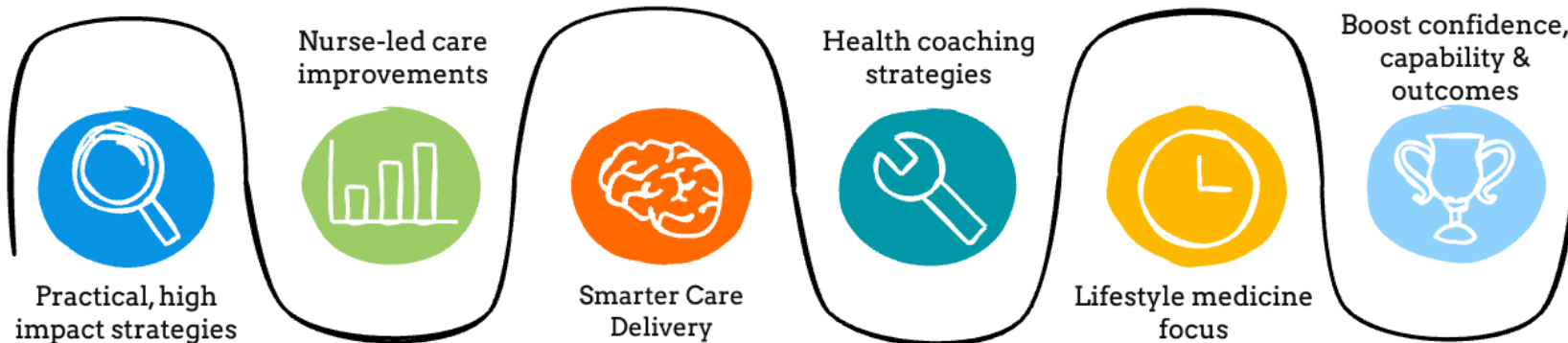
Acknowledgement of Country

Primary Care Innovation acknowledges Traditional Owners of Country throughout Australia and recognizes the continuing connection to lands, waters and communities.

We pay our respect to Aboriginal and Torres Strait Islander cultures, and to Elders past and present.



Transforming Clinical Care | The Webinar Series



The Webinar Series

1. **A Framework for nurse-led Clinics**
2. **Planning, Goal Setting with patients & Health Coaching**
3. **Patient Engagement via Coaching Voices**
4. **Optimising Health Assessments**
5. **Optimising GPCCMPs**
6. **Optimising QI-PIP and Indigenous Health Incentives**
7. **GPiACI & Palliative Care**

PIP STREAMS

QUALITY

- QUALITY IMPROVEMENT
 - INDIGENOUS HEALTH
- 

CAPACITY

- EHEALTH
- TEACHING
- AFTER HOURS
- AGED CARE ACCESS

RURAL SUPPORT

Eligibility



'Open practice' – physical location



Accredited or registered



Public liability insurance



GPs & nurse practitioners – professional indemnity



What is QI-PIP?

The Quality Improvement - Practice Incentives Program (QI-PIP) provides payments to eligible general practices that:

- ✓ Are accredited under the RACGP Standards
- ✓ Are registered with Services Australia for PIP
- ✓ Collect and submit data against 10 clinical data measures
- ✓ Undertake QI activities each quarter
- ✓ Funding of up to \$12,500 per quarter based on \$5.00 per SWPE

Payment

Per-SWPE payment, paid quarterly by Services Australia

Eligibility

Accredited practices registered for PIP. Must be active in all requirements.

Data tool

Practices use clinical audit software (e.g. PenCAT, CAT4, TopBar) to extract and submit data

The 10 Clinical Data Measures

01

Diabetes HbA1c

Patients with diabetes with a current HbA1c result

03

Weight Class

Patients with a BMI recorded

05

Flu Vaccination Diabetes

Patients with diabetes with influenza vaccination

07

Alcohol Status

Patients with alcohol consumption status recorded

09

Cervical Screening

Female patients with up-to-date cervical screening

02

Smoking Status

Patients with smoking status recorded

04

Flu Vaccination 65+

Patients aged 65+ with influenza vaccination

06

Flu Vaccination COPD

Patients with COPD with influenza vaccination

08

CVD Risk Factors

Patients with risk factors for CVD assessment recorded

10

Diabetes Blood Pressure

Patients with diabetes with a blood pressure result

From Compliance to Quality

The compliance mindset

- *Extraction & submission of data to get the payment*
- *Tick the QI activity box*
- *Move on*



The quality mindset

- ✓ Use data to find care gaps
- ✓ Prioritise patients who need follow-up
- ✓ Drive nurse-led recall and review
- ✓ Link QI cycles to measurable improvements
- ✓ Use incentive payments to fund QI resources

Using Your Audit Data

Your clinical audit report is a care gap map. Here's how to use it:



Identify gaps

Sort patients by missing data - who doesn't have an HbA1c in the last 12 months? Who has no smoking status recorded?



Create recall lists

Export patient lists from your audit tool. Brief the practice nurse or PM to initiate recalls by SMS, phone, or your patient portal.



Track progress

Run reports monthly. Watching indicators move is motivating and helps you catch dips early.



Celebrate wins

Share indicator improvements at team meetings. Quality improvement is a team effort - make it visible.

Turning QI-PIP Data Into a Nurse-Led Recall Clinic

1

THE PROBLEM

A 6-GP practice in a regional town submitted QI-PIP data but never looked at the results. Their HbA1c indicator was at 52% - well below the 70% target.

2

THE ACTION

The practice manager ran a report and identified 87 patients with T2DM with no HbA1c in 12 months. The practice nurse was briefed to run a recall campaign.

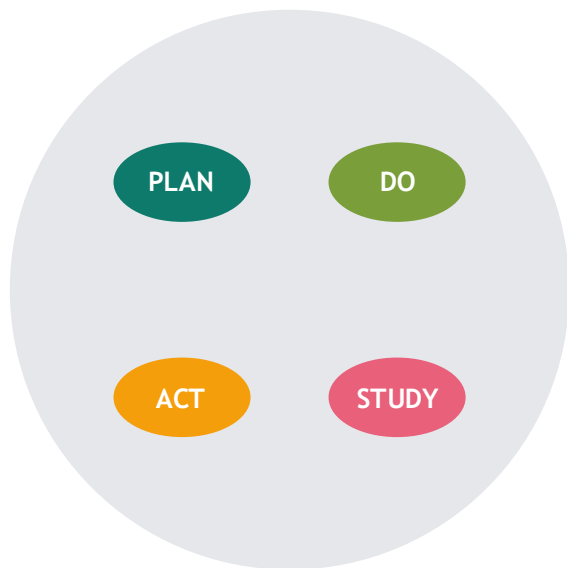
3

THE RESULT

Within 8 weeks, 61 patients had been seen or had pathology ordered. The indicator moved to 73%. The PM now runs the report monthly.

The difference? One person decided the report was worth reading.

Establishing QI Cycles: the PDSA Framework



PLAN

Identify the problem.
What are we trying to improve?

DO

Implement the change.
Small test of change.

STUDY

Analyse results.
Did the change work?

ACT

Adopt, adapt or abandon.
Scale or iterate.



What Counts as a QI Activity?

QI-PIP requires practices to undertake and document at least one QI activity per quarter.

Clinical audit

Review of patient data against a clinical indicator, with action taken

Case discussion

Structured team review of one or more clinical cases and learnings

Protocol review

Review or update of a clinical protocol (e.g. diabetes management pathway)

Education activity

Attendance or delivery of clinical education relevant to an indicator

Patient experience

Collection and review of patient feedback with documented response

Recall system review

Review and improvement of recall/reminder systems for preventive care

Documentation is key - record what you did, what you found, and what changed. A short team meeting note is sufficient.

Maintaining Momentum



Assign a QI lead

One person (often the PM or a senior nurse) owns the QI calendar, reminds the team, and keeps documentation.



Quarterly rhythm

Schedule QI activity dates at the start of the year. Brief team meetings - 20 minutes is enough for a solid activity.



Make data visible

Put your indicator dashboard somewhere the team sees it - a staff noticeboard, a shared drive, or your practice management system.



Avoid 'set and forget'

QI-PIP isn't a once-a-year task. Build monthly check-ins into practice routines.

AI Tools in QI: Practical Applications

What AI tools can do in a QI context:

Population health dashboards

Tools like Cubiko Insights surface care gaps and outliers across your patient population - AI-assisted pattern recognition




Automation

AI scribes (e.g. Heidi Health) reduce administrative load, freeing clinician time for QI review and patient engagement

Clinical software analytics

Best Practice and Medical Director increasingly surface AI-assisted prompts for overdue preventive care items

Guardrails to keep in mind

-  Clinicians remain responsible for all decisions - AI is a prompt, not a decision-maker
-  Patient consent and data governance apply to any AI tool used in care
-  Check AHPRA and RACGP guidance before implementing any AI tool in clinical workflows

What is the Indigenous Health Incentive?

The Indigenous Health Incentive (IHI) supports practices to provide better health care to Aboriginal and/or Torres Strait Islander patients.

Patient registration

Practices register eligible patients with consent (once only). Patients must identify as Aboriginal and/or Torres Strait Islander.

Outcomes payments

Two payment tiers based on health assessments completed, care plans in place, and clinical activities recorded.

Practice eligibility

Must be registered for PIP. Practices with 10+ registered IHI patients qualify for Tier 1; Tier 2 requires additional activities.

Patient Registration & the 715 Health Assessment

Patient Registration

- 1 Patient self-identifies as Aboriginal and/or Torres Strait Islander
- 2 Practice obtains consent to register under IHI
- 3 Patient registered in clinical software and with Services Australia via HPOS
- 4 Registration is ongoing - does not need annual renewal



MBS Item 715

Indigenous Health Assessment

Who: Aboriginal and/or Torres Strait Islander patients of any age

Frequency: Once every 9 months

Structure: Comprehensive health check - physical, social, emotional wellbeing

Outcome: Care plan, referrals, recall; feeds directly into IHI outcomes payments

A Front-Desk and Nurse-Led Identification Workflow

1

STARTING POINT

A practice had 18 patients registered under IHI - well below what the demographics suggested. The GP knew many more patients likely identified as Aboriginal and/or Torres Strait Islander.

2

THE WORKFLOW

The PM trained reception staff to ask about cultural identity as part of new patient intake, using culturally safe, optional language. The practice nurse followed up at every health assessment.

3

THE RESULT

Within 6 months, registered patients increased to 47. Item 715 activity lifted, IHI payments increased, and - more importantly - those patients were receiving more consistent, planned care.

Cultural safety training for reception and nursing staff is the foundation - no workflow works without it.



Activities over
12 month
period

Indigenous
Health
Outcomes
Payment Tier 1
\$100

1

2

3

GPCCMP 965	GPCCMP 967 Review	MHTP 2700
GPCCMP 967 Review	GPCCMP 967 Review	GPCCMP/Review

Pathway examples – mix & match!





Indigenous
Health
Outcomes
Payment Tier 2
\$300

- **Minimum 5** eligible (professional attendances & procedures) services per year
- Includes services for Tier 1
- Includes mental health items

Connecting the Dots - A Coherent Care Model

QI-PIP and IHI don't sit in isolation. They connect to everything else we've covered in this series:



Health Assessments 715

Feed directly into IHI outcomes payments and identify patients who need care plans



GPCCMPs (items 965/967)

Central to Tier 2 IHI payments
QI-PIP data should drive care plan prioritisation



Goal Setting & Health Coaching






Covered in Jan 2026 session - patient-centred goals embedded in GPCCMPs and IHI care planning



Patient Engagement

Covered in Feb 2026 session - the communication skills that underpin recall, registration and consent conversations

Summary

-  QI-PIP is a quality framework, not just a data submission exercise - use the reports to drive real change.
-  PDSA cycles don't need to be complex. One documented activity per quarter, with a clear outcome, is enough.
-  Your practice nurse and PM are the engine of QI-PIP, IHI, and CCM workflows - invest in their skills and confidence.
-  IHI registration starts with a conversation. Cultural safety training at the front desk changes everything.
-  QI-PIP, IHI, item 715, and GPCCMPs are one interconnected system - map them together and optimise as a whole.

Useful Resources



QI-PIP - Services Australia

servicesaustralia.gov.au - search 'Quality Improvement PIP'



PIP - Indigenous Health Incentive

servicesaustralia.gov.au - search 'Indigenous Health Incentive'



MBS Item 715 factsheet

health.gov.au - Aboriginal and Torres Strait Islander health assessment



RACGP - Indigenous health resources

racgp.org.au/clinical-resources/clinical-guidelines/indigenous-health



Primary Care Innovation Australia

<https://www.primarycareinnovation.com.au/transforming-clinical-care>

session recordings and resources

Thank You!

Coming Up: 10 June 2026

GP in Aged Care Incentive

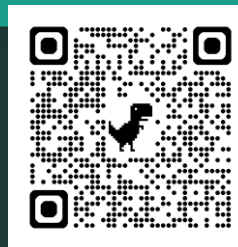
Palliative Care



Resources & Evaluation

All recordings & resources:
primarycareinnovation.com.au

Please complete the brief evaluation.
Your feedback shapes the series!



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