To who it may concern,

Thank you for the opportunity to comment on the Australian Government Department of Health’s consultation paper on Redesigning the Practice Incentives Program (PIP).

As a national not-for-profit organisation working across the stroke journey, the Stroke Foundation assists stroke survivors, carers, health professionals, governments and the public to reduce the impact of stroke on the Australian community.

The Stroke Foundation supports the intention of the Australian Government to simplify the PIP in a way that will place greater focus on quality of care and measurement of patient outcomes as a mechanism to drive improvements in a primary health setting.

However, we are concerned that the generalised nature of the proposed quality improvement PIP lacks a specific focus on chronic disease, and is consequently a missed opportunity to improve early detection and management of at risk patients.

Quality Improvement Approach

We note your acknowledgement in the consultation paper that available evidence indicates a lack of data on outcomes of care from the PIP places Australia in a position that is below other comparable countries.¹

In our efforts to improve stroke outcomes across the continuum of care, the Stroke Foundation strongly supports the collection of high quality data that assists health professionals to better understand and reduce the gap between evidence and best practice care.

The Stroke Foundation is involved in developing and seeking support for a number of initiatives that are specifically designed to support quality improvement in stroke care, including the development of clearly defined national guidelines, a framework for

¹ Organisation for Economic Co-operation and Development. 2015. Health Care Quality Review – Australia
monitoring the provision of those guidelines (through data collection) and mechanisms for feedback and targeted support for quality improvement.

In particular, we have developed an online clinical support tool called InformMe (www.informme.org.au) which provides ready access to clinical guidelines, tailored hospital performance data, learning modules and template quality improvement plans.

The InformMe data feedback loop allows hospitals to compare their site performance over time against previous audit results as well as against benchmarks such as statewide and national performance and against sites of similar size to them.

To support these efforts the Stroke Foundation has also developed a standardised data collection tool for stroke (Australian Stroke Data Tool) which is now being embedded in stroke hospitals across Australia. Collecting standardised data enhances the ability of clinicians, practices, hospitals and governments to make informed decisions, so we are pleased that the redesign of the PIP will provide an opportunity to collect nationally consistent information.

The PIP redesign consultation paper indicates that the development of measures for improvement is likely to involve commencing with a ‘small number of basic measures, expanding to more over time in consultation with the sector’\(^2\). The Stroke Foundation is keen to be involved in the development of any specific quality improvement measures which are targeted at early detection and management of chronic disease.

**Maintaining the focus on primary prevention in chronic disease**

As you are aware, the Stroke Foundation as part of the National Vascular Disease Prevention Alliance (NVDPA) has previously proposed the inclusion of a new quality focused PIP which includes detection and prevention of vascular and related disease via an integrated health check.

We remain of the view that an integrated health check PIP is a unique opportunity to ensure greater adherence to existing evidence-based guidelines aimed at detection of risk factors and prevention of the major vascular and related diseases in people at higher risk.

Your consultation paper states that the proposed quality improvement incentive payment will improve the detection and management of chronic conditions, but there appears to be no specific requirement that GPs make this an area of focus.

The Stroke Foundation is concerned that the stated principle of allowing practices the flexibility to focus on issues specific to their practice population may result in a reduced focus on early intervention in chronic disease.

The facts are clear. Chronic conditions are the leading cause of illness, disability and death in Australia\(^3\). The Organisation of Economic Co-operation and Development\(^4\) (OECD) describes Australia’s preventative health measures as having delivered mixed results, noting that whilst we have achieved one of the lowest smoking rates in the world, we are also one of the most obese populations in the OECD.

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\(^2\) Australian Government Department of Health Consultation Paper, Redesigning the Practice Incentives Program (Pg. 13)
Current MBS health assessment items, whilst providing some incentive for clinicians, are limited in not specifically requiring an integrated health check. In addition, the decision to redesign the PIP with a quality improvement focus could have also been an opportunity to promote greater emphasis on reducing the gap between evidence and best practice, whilst also maintaining a focus on chronic disease prevention and early detection.

Given the enormous cost to the Australian community from chronic disease, we encourage the Australian government to pursue every opportunity available to implement targeted policies that can reduce its burden, including via the PIP.

Kind regards,

Sharon McGowan
Chief Executive Officer