September 2023

Discussion Paper

QAIHC
Queensland Aboriginal and Islander Health Council

MyMedicare

This discussion paper was borne from the upcoming rollout of MyMedicare, an Australian Government initiative to "strengthen the relationship between patients, their general practice, general practitioner (GP) and primary care teams."[1]

This paper is organised in the following manner – QAIHC's current understanding of the:

- Context of the MyMedicare rollout
- MyMedicare: Role, funding, structure and timing
- Issues that impact the Sector based on the available information, including the gaps in information; and
- Proposed Sector position statement.

Context

The Minister for Health and Aged Care established the Strengthening Medicare Taskforce to provide recommendations to improve primary care for all Australians (2022).[2]

Some of the recommendations by the Strengthening Medicare Taskforce to increase access to primary care[3] were to:

- Support primary care in the management of complex chronic conditions through blended funded models with both fee-for-service and funding for longer consultations, with incentives that promote quality bundles of care.
- Support better continuity of care and more integrated person-centred care through introduction of voluntary patient registration. Participation of both patients and practices needs to be simple, streamlined, and efficient with a clear and simple value proposition for both consumer and primary care provider.
- Develop new funding models that are locally relevant for sustainable rural and remote practice in collaboration with people, providers, and communities. There should be no disadvantage to those communities with little or no access to regular primary care.
- Invest in Aboriginal Community Controlled Health Organisations (ACCHOs) to commission primary care services for their communities, by building on their expertise and networks in the local community needs.
- Strengthen funding to support more affordable care, so Australians with low incomes can access primary care at no or low cost.

This discussion paper focuses on how the MyMedicare program addresses these recommendations, as well as the needs of the Aboriginal and Torres Strait Islander community-controlled sector.

[1]Australian Government Department of Health and Aged Care. MyMedicare. Updated Sept 2023. Available from: https://www.health.gov.au/our-work/mymedicare
[2]Australian Government Department of Health and Aged Care. Strengthening Medicare Taskforce. Updated Apr 2023. Available from: https://www.health.gov.au/committees-and-groups/strengthening-medicare-taskforce
[3]Australian Government. Strengthening Medicare Taskforce Report. Dec 2022.

MyMedicare

Role

MyMedicare is a scheme that allows patients to enrol with one primary care practice and to nominate a preferred GP at that practice. The registration to MyMedicare is voluntary for patients, practices and primary care providers.[4]

Patients registered with MyMedicare will have access to:

- Longer MBS-funded telephone calls (Levels C and D) with their registered practice

Primary care services registered with MyMedicare will have access to:

- Triple bulk billing incentive for longer MBS telehealth consultations (Levels C, D and E) for children under 16 years, pensioners and concession card holders. This means it is the incentive to services that will be tripled, not the patient rebate. However, services may be more likely to bulk bill the patient if this wasn't previously offered by the service.
- More information on regular patients (if registered) to tailor services to fit the patient's needs
- Longer MBS-funded telephone calls (Levels C and D)
- Chronic Disease Management items for patients registered to the service will only be possible from the service at which they are registered, from November 2024. These items will be rejected if conducted by another service unless the patient changes practices.

The majority of the ACCHOs would be eligible for this new program, with 98% of ACCHOs reporting current clinical RACGP and/or organisational accreditation in the 2017-2018 Online Services Report.[5]

Over time, the intention of MyMedicare is to support a range of other reforms to improve access to primary care and support practice viability. These include the new *General Practice in Aged Care Incentive* and *Frequent Hospital Users Incentive* which will commence in the 2024-25 financial year. Practices will need to be registered with MyMedicare to access these incentives.

General Practice in Aged Care Incentive

The General Practice in Aged Care Incentive will provide incentive payments to GPs for providing their registered patients in a Residential Aged Care Home (RACH) with regular visits and better care planning. Access to these incentives will begin from 1st August 2024 and will only be available through the MyMedicare registration. The eligibility criteria and funding per patient is yet to be clarified.

Frequent Hospital Users Incentive

The Frequent Hospital Users Incentive will provide payments to GPs to coordinate care of patients with chronic conditions who frequent hospitals, to provide wrap-around care in the community with the aim to reduce their likelihood of hospital re-admission.[6] The funding per patient, criteria for payment and recipients of the payment will

[4]Australian Government Department of Health and Aged Care. MyMedicare. Updated Sept 2023. Available from: https://www.health.gov.au/our-work/mymedicare
[5]Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander Health Performance Framework. Tier 3 – Health system performance: 3.19 Accreditation. Available from: https://www.indigenoushpf.gov.au/measures/3-19-accreditation
[6]Australian Government Department of Health and Aged Care. MyMedicare practice registration – Frequently asked questions. Updated Sept 2023. Available from: https://www.health.gov.au/resources/publications/mymedicare-practice-registration-frequently-asked-questions

be developed through a co-design process with stakeholders in the 2023-24 financial year. However, initial proposed funding figures *per eligible patient* have been provided by the Department of Health and Aged Care[7]:

- $2,000 in the first year
- $1,500 in the second year
- $1,000 in the third year
- $500 bonus for reducing hospital presentations

Funding

There is $19.7 million over four years allocated to support the establishment of MyMedicare, with $5.9 million to support longer telehealth consultations and $98.9 million for the Frequent Hospital Users Incentive.

Structure

To be eligible for MyMedicare, primary care providers must[8]:

- Provide Medicare-funded services
- Be registered with Provider Digital Access (PRODA), Health Professional Online Services (HPOS) and the Organisation Register
- Have at least one eligible provider (e.g. GP or GP registrar) linked to the practice in the Organisation Register
- Be accredited against the National General Practice Accreditation Scheme (There will be an accreditation exemption until 30 June 2025 to primary care providers who provide their services through mobile and outreach models in rural settings, and to First Nations Australians etc.)

From 1st October 2023, patients who consent will be able to register their primary care provider with MyMedicare if they have completed two face-to-face visits to the practice in the previous 24 months (or 1 face-to-face visit in MM6-7 locations).[9]

Patients can register online, though there will be a paper registration form that services can use to register the patient through PRODA/HPOS (Services Australia). Patients can fill out a registration form at the practice and practice staff will then complete the registration in the MyMedicare system with the patient's consent captured on the form. Alternatively, practice staff can commence the patient registration process in MyMedicare, and patients can then complete the registration and provide consent in their Medicare online services.[9]

If a patient consents to changing practices or registers themselves at a new practice, so long as they meet the eligibility criteria, they will be automatically withdrawn from their previous practice registration. The practice will receive a notification that they patient registration has been removed for their service.[9]

From 1st November 2023, practices and patients who are not registered with MyMedicare will not be eligible to access the extended telephone rebates or the triple bulk-billing incentives for telehealth consults for certain patients.

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[7]Australian Medical Association. Key budget announcements for GPs. May 2023. Available from: https://www.ama.com.au/articles/key-budget-announcements-gps

[8]Australian Government Department of Health and Aged Care. MyMedicare. Updated Sept 2023. Available from: https://www.health.gov.au/our-work/mymedicare

[9]Australian Government Department of Health and Aged Care. MyMedicare patient registration – Frequently asked questions. Updated Sept 2023. Available from: https://www.health.gov.au/resources/publications/mymedicare-patient-registration-frequently-asked-questions

The Frequent Hospital Users Incentive will commence in nine Primary Health Network (PHN) areas, in 2024-25, with plan to rollout to all 31 PHN areas over three years[6]. Local hospital networks and PHNs will identify suitable patients with more than ten hospital presentations a year. It is unclear how this information will be securely disseminated to primary care providers.

The Department of Health and Aged Care has been clear that this is not a capitation system. Registered providers with MyMedicare, and particularly the Frequent Hospital Users Incentive, will receive a set payment for each registered person in advance for the delivery of a health care service.

From 1st November 2024, registered patients will only be able to receive Chronic Disease Management care from their registered health service. Patients not registered with MyMedicare will still be able to receive Chronic Disease Management items from any primary health care provider as per usual. The benefit of this requirement to the MyMedicare registered patient is unclear.

Timing

The Department of Health and Aged Care proposed timeline for the rollout of MyMedicare[10]:

July 2023	October 2023	November 2023	FY2023-24	FY 2024-25	August 2024	November 2024	June 2025
•Practices can register for MyMedicare	•Patients can register with MyMedicare (need to have 2 face-to-face visits at the practice in previous 24 months (or 1 visit in MM6-7 locations)	•Registered patients can access extended telephone consults •Registered doctors can access triple bulk-billing incentives for telehealth consults for certain patients	•Stakeholder engagement for Frequent Hospital Users Incentive to begin	•Frequent Hospital Users Incentive to begin across 9 PHNs initially •Unregistered patients and practices are ineligible for the new General Practice in Aged Care Incentive or Frequent Hospital Users Incentive	•Aged Care Incentive program is slated to begin	•Registered patients can only receive Chronic Disease Management care from their registered practice	•Accreditation exemption ceases for practices not accredited against the National General Practice Accreditation Scheme

[10]Australian Government Department of Health and Aged Care. MyMedicare practice registration – Frequently asked questions. Updated Sept 2023. Available from: https://www.health.gov.au/resources/publications/mymedicare-practice-registration-frequently-asked-questions

Issues for Aboriginal community-controlled health services

This initiative may impact on health services in ways that may undermine the ease of patient access to health care.

Issues	Questions
Role of the ACCHO Sector in program design and implementation: One of the recommendations in the Strengthening Medicare Taskforce Report was to: *Grow and invest in Aboriginal Community Controlled Health Organisations (ACCHOs) to commission primary care services for their communities, building on their expertise and networks in local community need.* There has been a lack of consultation with the ACCHO sector with a loss of opportunity to build on the expertise of the ACCHOs. There was a National Aboriginal Community Controlled Health Organisation (NACCHO) representative on the Strengthening Medicare Taskforce 2022 and there have been discussions with NACCHO on how the initiative will impact the Aboriginal and Torres Strait Islander population. However, there has not been any consultation at a state or local level on the impacts of the proposed model.	What will be the ongoing involvement of the ACCHO Sector in the design and implementation of MyMedicare? What support will be given to the ACCHO Sector to meaningfully participate in MyMedicare? Will there by additional targeted resources for the ACCHO Sector given greater costs associated with patient follow-up?
Benefit to patients: The benefits to patients of registering with MyMedicare are unclear. MyMedicare does not directly reduce out-of-pocket costs. Primary healthcare services will receive more financial incentives on top of still getting fee-for-service payments which may entice more services to bulk bill, but there is no guarantee that registered patients will be bulkbilled from within private general practices. Patients attending ACCHSs currently bulk bill all their patients. The tripling of the bulk billing incentive will benefit the service. Patients may receive longer telehealth consultations.	What are the benefits for patients, particularly Aboriginal and/or Torres Strait Islander patients of registering with MyMedicare? How will benefits to Aboriginal and Torres Strait Islander patients be evaluated?
Reduction in Chronic Disease Management care items performed in ACCHOs: Aboriginal and Torres Strait Islander patients may not be able to receive their Chronic Disease Management care by their local Aboriginal Community Controlled Health Organisation (ACCHO) if the patient has already registered with a mainstream health provider as their primary practice. An ACCHS that generates a Chronic Disease Management plan (item 721) for a patient that is unknowingly registered through MyMedicare with another healthcare service, will have that plan rejected by Medicare. This may generate disputes between services and confuse and disadvantage patients. Patients who do not register with MyMedicare will continue to be able to receive chronic disease management plans from any primary healthcare service as per usual.	How will these issues be monitored/managed? Will there be any targeted communication or incentive for Aboriginal and Torres Strait Islander patients to register with an ACCHO under MyMedicare? What precautions will be taken to prevent inappropriate registration of Aboriginal and Torres Strait Islander patients by

It is possible that ACCHOs may receive notifications that their patients have been registered by another health service, and they are no longer registered with the ACCHO, even if they are the main service provider for the patient.	practices seeking service incentive payments?
Process of informed consent with patients to nominate a primary care provider: There has been limited public communication about the MyMedicare program with members of the Aboriginal and Torres Strait Islander community. Such communication will need to outline the benefits of MyMedicare to these patients. In particular, the information must outline how MyMedicare will enhance the quality of care provided to them, and how they can be assisted to make difficult and informed choices about which health service to register with.	What support and communication will be provided to patients to allow for informed consent when nominating a practice with MyMedicare? Is the consent form culturally appropriate and appropriate for different literacy levels? Where will the consent form be stored?
Capitation payments may not cover the costs of treating complex patients: The Frequent Hospital Users Incentive payments are fixed so GPs will be taking on more of a financial risk if they see more complex patients who may be more costly to manage in terms of time and effort. The amount that would assist in sufficiently managing these complex patients is unclear. The mechanism of reciprocal communication between hospitals and ACCHOs has not been explained. There is a potential for hospitals to inappropriately shift responsibility of care to primary care services. Examples include rejecting patients attending emergency departments, and reduced effort to prevent discharge against medical advice.	How are the funding figures for the Frequent Hospital Users incentive being calculated? What benefits will the patients receive from health services receiving the incentive payments? What monitoring is being considered to avoid negative outcomes for frequent hospital users?
Patient mobility: Aboriginal and Torres Strait Islander patients may travel between services[11], making it difficult to identify a primary practice. Depending on the ease of registration and de-registration between services, this may pose a barrier to patients accessing review appointments with their registered practice and the services that are a part of their chronic disease management plan.	This has the potential to create patient confusion and paradoxically fragment rather than enhance the continuity of care. This is particularly relevant to ACCHOs (see above).
Administrative burden with manual patient registration: There is no automated system for patients currently attending a practice to be registered to that practice. Patients must register themselves or practices can manually register on their behalf. Prior to October, practices are being advised to identify which patients they may want to register with MyMedicare.[12]	What support will be provided to ACCHOs to assist in patient registration from 1st October 2023?

[11]Long S, Memmott P. Aboriginal mobility and the sustainability of communities: case studies from north-west Queensland and eastern Northern Territory. Desert Knowledge CRC. 2007. Vol 5.
[12] Cubiko and Australian Association of Practice Management. Navigating MyMedicare: What you can do now to prepare your practice. Available from: https://www.cubiko.com.au/resources/navigating-mymedicare-what-you-can-do-now-to-prepare-your-practice/

There is a significant administrative burden that will be required from 1st October 2023 with the beginning of patient registration, particularly for patients who are unable to register themselves. There is no government subsidy to cover the additional burden on workforce.	
Visibility of Program Rules: There is a lack of visibility over the Program Rules[13] for this measure with no publicly accessible detailed explanations of the initiative, and outcome measures or how it will be evaluated.	Will the state and local levels of the ACCHO Sector have more visibility of the Program Rules prior to further rollout of MyMedicare?

Proposed recommendations:

1. QAIHC **invites** MyMedicare program developers/stakeholders to work with QAIHC to address the concerns raised.
2. **QAIHC recommends** that appropriate support is provided to ACCHSs to register their patients from 1st October 2023 in the form of additional workforce or financial subsidies.
3. **QAIHC recommends** that appropriate information, support, and targeted communication is provided to Aboriginal and Torres Strait Islander patients and the community to allow for informed consent when nominating a practice with MyMedicare.

[13] Personal communication, response to queries from NACCHO