GPs must upload PCEHR summaries for PIP

Paul Smith | 13 January, 2016 | 11 comments Read Later

GPs will have to upload shared health summaries to the PCEHR in return for e-health PIP payments, Australian Doctor has been told.

Leaked details on the new requirements of the E-health Practice Incentives Programme emerged last month following a consultation by the Federal Department of Health in September.

It is understood that under the revamp, each practice will be required to upload a shared health summary onto the PCEHR for 0.5% of its standardised whole patient equivalents (SWPEs) each quarter.

Australian Doctor has been told this would mean each GP creating and uploading around five shared health summaries per quarter for the practice to meet the new requirement.

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A key element of the PCEHR system (now renamed the MyHealth record), the summaries are meant to provide clinical information for health professionals across the health system, including for doctors working in ED.

The summaries include the patient’s current diagnoses and medications, as well as allergies and immunisations.

Australian Doctor has been given no official confirmation from the Federal Government of the new rules, which are due to be in place in May this year.

However, the RACGP last year said it could not support any move for GPs or practices to hit fixed targets for shared summaries, claiming the changes would be “misaligned, ill-timed, superficial, will not support meaningful use”.

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It is understood that online training will be available for GPs to teach them how to create the summaries.

There are a number of questions that the government will have to address.
It is unclear whether practices failing to create sufficient numbers of shared health summaries would lose all or just some of the e-health PIP payments, which can be worth up to $50,000 a year.

Another issue is whether the GP, after creating and uploading a health summary, would then take on the long-term responsibility for updating and curating the summaries as the patient’s medications and diagnoses change. Each patient currently requires a so-called “nominated provider” who is responsible for ensuring the clinical information on their summaries is current.

However, the GP’s involvement in managing a summary is strictly voluntary.

In theory this could mean that under the e-health PIP revamp, summaries could be uploaded but then left unused, making the summaries useless to treating practitioners.

The pending reforms of PIP are part of a bigger move by the Federal Government to breathe life into the MyHealth system which has cost more than a billion dollars since its launch.

Although there are 2.5 million patients registered for MyHealth records, only 65,400 health summaries have been uploaded onto the system.

Australian Doctor is awaiting a response from the health department.

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When a patient is capitated to a GP, but not to a practice, within a reasonable accessible distance from the patient’s physical address; and a patient actually is financially coerced to attending that “nominated provider” (eg if a patient attends another GP, part of the billing is diverted to the nominated provider who has made the effort to create the My Health records? no longer a patient controlled PCEHR), the sky will be darkened by the density of the pink flying boars, all with faces of public servants from the DoH.
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