



Australian Government
Department of Health

Practice Incentive Program Quality Improvement Measures

Quality Improvement

Quality improvement is foundational to contemporary high performing primary care. It includes team based approaches, peer review, reflective practice, best practice, and data analysis. It can improve uptake of evidence-based practices for better patient outcomes, better professional development, and better system performance.

Practice Incentive Program Quality Improvement Incentive

The Practice Incentive Program (PIP) Quality Improvement (QI) Incentive is a payment to general practices for activities that support continuous quality improvement in patient outcomes and the delivery of best practice care. General practices enrolled in the PIP QI Incentive commit to implementing continuous quality improvement activities that support them in their role of managing their patients' health. They also commit to submitting nationally consistent, de-identified general practice data, against ten key Improvement Measures that contribute to local, regional and national health outcomes. The Improvement Measures allow general practices to understand which patients may benefit from preventative treatments, or may need recall to ensure effective management of a specified chronic disease (e.g. diabetes). This can help delay progression of the condition, improve quality of life, increase life expectancy, and decrease the need for high cost interventions.

Quality Improvement Measures

The collection of the de-identified Improvement Measures that form the PIP Eligible Data Set are part of a system of quality improvement that includes reflective practice, a common data baseline, and data analysis. The Improvement Measures are not designed to assess individual general practice or general practitioner performance. They do support a regional and national understanding of chronic disease management in areas of high need, and future iterations will respond to emerging evidence on areas of high need.

The Improvement Measures are:

1. Proportion of patients with diabetes with a current HbA1c result
2. Proportion of patients with a smoking status
3. Proportion of patients with a weight classification
4. Proportion of patients aged 65 and over who were immunised against influenza
5. Proportion of patients with diabetes who were immunised against influenza
6. Proportion of patients with COPD who were immunised against influenza
7. Proportion of patients with an alcohol consumption status
8. Proportion of patients with the necessary risk factors assessed to enable CVD assessment
9. Proportion of female patients with an up-to-date cervical screening
10. Proportion of patients with diabetes with a blood pressure result.