

# Health Insurance Commission Regulations (Amendment)

## 1997 No. 286

### EXPLANATORY STATEMENT

#### STATUTORY RULES 1997 No. 286

Issued by the authority of the Minister for Health and Family Services

*Health Insurance Commission Act 1973*

Health Insurance Commission Regulations (Amendment)

Section SE of the *Health Insurance Commission Act 1973* ("the Act") provides that the Health Insurance Commission (HIC) shall perform such functions in relation to health related matters as are prescribed. Section 44 of the Act provides for the Governor-General to make regulations for the purposes of the Act.

Existing regulation 3Q, which prescribes functions of the HIC in relation to the Australian Childhood Immunisation Register (ACIR), has been deleted as this function now, exists in the *Health Insurance Act 1973*.

New regulation 3Q empowers the HIC to administer a general practitioner (GP) immunisation scheme, which was one of the initiatives announced as part of the Government's Immunise Australia Seven Point Plan. As of August 1998, incentive payments will be made to GPs who achieve a 90 per cent immunisation target through funds from the Better Practice Program (BPP), which provides financial recognition to patient-focused general practices that provide a comprehensive range of services. The aim is to promote better childhood immunisation rates and decrease the incidence of preventable diseases such as whooping cough or measles. The GP immunisation scheme is to be implemented in two stages:

\* from October 1997 the HIC is to provide GPs with data, on a quarterly basis, on the immunisation coverage of children under the age of seven attending their practice in a 12 month reference period (Reg 3Q (1) (d)). Medicare and Australian Childhood Immunisation Register data is to be used to determine which children a doctor has seen in a particular reference Period, and the immunisation status of these children (Reg 3Q (2)).

The intention of providing immunisation coverage data is to increase GPs' awareness of the immunisation status of children attending their practice long before payments begin, so that they can address any gaps in coverage.

Data is also to be provided to divisions of general practice, which are local area networks that allow GPs to come together as a group, so that any difficulties can be addressed at the regional level in consultation with other immunisation providers (Reg 3Q (1) (d) (iii)).

Regulation 3Q empowers the HIC to administer this stage of the scheme; and

\* from August 1998. the HIC is to make payments to GPs who reach a 90 per cent immunisation target. The Department has been consulting extensively with members of the medical profession on a number of implementation issues, including the development of an appropriate payment formula. Further amendments will be made to regulation 3Q before payments commence.

## **Eligibility for the scheme**

While the uptake for the BPP is increasing, only 39.5 per cent of practices are currently participating in the Program. To ensure the GP immunisation scheme is effective ' in increasing the childhood immunisation rate in the short term, individual GPs who are not participating in the BPP are also to be provided with immunisation coverage data.

Data is to be provided at two levels on a trial basis:

- \* BPP participants are to receive aggregated immunisation coverage data for children seen by any doctor at the practice. This is consistent with arrangements for providing other data to practices receiving BPP payments; and
- \* non-BPP participants are to be provided with data at the individual GP level. This is because the HIC does not hold sufficient data to determine which doctors work together at non-BPP practices. However, doctors not participating in the BPP may opt to register as practices and receive aggregated data for children seen by any GP at the practice if they wish.

Details of the Regulations are set out in the attachment.

The Regulations commenced on gazettal.

## ATTACHMENT A

### Details of Amendments to Regulation 3Q

The primary purpose of the amendment to regulation 3Q of the Health Insurance Commission Regulations is to empower the Health Insurance Commission (HIC) to administer a new GP immunisation scheme.

Specifically:

- \* **subregulation 2.1** - repealed the old regulation 3Q that prescribed functions of the HIC in relation to the Australian Childhood Immunisation Register (ACIR), as this function now exists in the Health Insurance Act.
- \* **subregulation 2.1** - introduced new regulation 3Q. The subregulation inserts:
  - subregulation 3Q(1) - which allows the HIC to perform the newly prescribed function of administering the GP immunisation scheme.
  - paragraph 3Q(1)(a) - which empowers the HIC to maintain a register of participating practices and individual general practitioners.
  - paragraph 3Q(1)(b) - which allows the HIC to identify medical practitioners working in participating practices by using information provided in Better Practice Program applications, or in any other information provided to the HIC by a practice.
  - paragraph 3Q(1)(c) - which empowers the HIC to determine the immunisation coverage of children attending an individual GP or participating practice.
  - paragraph 3Q(1)(d) - which allows the HIC to provide participating practices and individual GPs with an immunisation feedback statement, which contains identified data related to children who attended the practice in a given 12-month reference period. It also allows the HIC to provide regional immunisation coverage data to divisions of general practice, which are local area networks for GPs.
  - paragraph 3Q(1)(e) - allows the HIC to give participating practices and individual GPs, who are authorised under subsection 46E(2) of the Health Insurance Act, identified data about the immunisation status of children who attended their practice in the reference period, on request.
  - subregulation 3Q(2) - which allows the HIC to use Medicare claims data, Department of Veterans' Affairs data and Australian Childhood Immunisation Register data to determine the immunisation coverage of children attending a participating practice or 1 individual GP.
  - subregulation 3Q(3) - which outlines the data the HIC may include in immunisation feedback statements provided to participating practices. The statement must provide de-identified, aggregated data relating to the immunisation status of children attending the practice in a specified reference period.
  - subregulation 3Q(4) - which outlines the data the HIC may include, in immunisation feedback statements provided to individual GPs. The statement must provide de-identified, aggregated data relating to the immunisation status of children attending the individual GP in a specified reference period, except, where the service was provided at a participating practice.

- subregulation 3Q(5) - which outlines the data the HIC may include in immunisation feedback statements provided to divisions of general practice. The statement must provide de-identified, aggregated data relating to the immunisation status of children living within the division.
- subregulation 3Q(6) - which sets out a number of definitions for, this regulation.
- \* subregulation 3.1 repealed Schedule 3, which listed the prescribed bodies to which Australian Childhood Immunisation Register data could be given, as this Schedule has, been moved into the Health Insurance Regulations.