

Introducing general practice enrolment in Australia: the devil is in the detail

IN REPLY: We thank Bailie and colleagues¹ for highlighting the experiences of enrolling Indigenous Australians as part of the Practice Incentives Program – Indigenous Health Incentive (PIP-IHI) initiative. The evaluation of the PIP-IHI suggests that incentives linking practice enrolment with reduced patient medication costs were successful in engaging patients with the program, but that engagement with individual clinicians was less successful.² Potential explanations for this disparate engagement include an enrolment process linking patients with practices (as opposed to their individual general practitioner), which may have failed to motivate clinician involvement, and financial incentives within the PIP-IHI favouring the process of registration over the provision of ongoing care.

Two recent policy updates suggest that general practice enrolment may occur in Australia in the near term. First, the Primary Health Reform Steering Group has recommended whole of population enrolment with primary care (“voluntary patient registration”) as part of the Australian Government’s Primary Health care 10 Year Plan³ following broad stakeholder consultation through a discussion paper.⁴ Second, within the 2021–22 Budget, \$50.7 million were allocated to establish an information

technology platform to enable a voluntary patient registration initiative to be known as “MyGP”.⁵

We agree that the lessons of the PIP-IHI, and other pilots of enrolment highlighted in our review,⁶ need to be incorporated into the design of any new Australian system. These learnings need to include the final evaluation of the Health Care Homes Program, due in early 2022. This 3-year program concluded on 30 June 2021, and included a trial of general practice enrolment and alternative funding for more than 10 000 Australians living with chronic health conditions.⁷ If the limitations in the program and incentive design observed in previous enrolment programs are not improved, including the need for additional funding to support both practitioners and practices, then Australia’s new program of general practice enrolment and registration may fail in the joint objectives of improving the quality of care and viability of general practices.

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Competing interests: Michael Wright chairs the Royal Australian College of General Practitioners (RACGP) Expert Committee on Funding and Health System Reform, chairs the Board of the Central and Eastern Sydney Primary Health Network, is the Chief Medical Officer for Avant Mutual, was a member of the Primary Health Care Advisory Group and has advisory roles with the Australian Institute of Health and Welfare. Roald Versteeg is employed by the RACGP. ■

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- 2 Bailie R, Griffin J, Kelaher M, et al; Sentinel Sites Evaluation: final report; 2013. https://www.menzi.es.edu.au/icms_docs/189996_Sentinel_Sites_Evaluation_Final_Report.pdf (viewed July 2021).
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- 5 Department of Health. Budget 2021–22: generational change and record investment in the health of Australians. <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/budget-2021-22-generational-change-and-record-investment-in-the-health-of-australians> (viewed July 2021).
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- 7 Health Policy Analysis. Evaluation of the Health Care Homes program — interim evaluation report 2020; volume 1: summary report; 2020. [https://www1.health.gov.au/internet/main/publishing.nsf/Content/AD51EBE397452EF5CA2580F700164BAD/\\$File/HCH%20Interim%20eval%20report%202020%20Vol%201%20Summary%20report%20\(Final.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/AD51EBE397452EF5CA2580F700164BAD/$File/HCH%20Interim%20eval%20report%202020%20Vol%201%20Summary%20report%20(Final.pdf) (viewed July 2021). ■