

## Medicare Urgent Care Clinics - Tasmania

FEDERATION FUNDING AGREEMENT - HEALTH

<b>Table 1: Formalities and operation of schedule</b>																																			
<b>Parties</b>	Commonwealth Tasmania																																		
<b>Duration</b>	This Schedule is expected to expire on 30 June 2026.																																		
<b>Purpose</b>	<p>This Schedule will support the delivery of Medicare Urgent Care Clinics (Medicare UCCs) in Tasmania.</p> <p>Medicare UCCs will ease the pressure on hospitals and give Australian families more options to see a healthcare professional when they have an urgent, but not life-threatening, need for care. All Medicare UCCs will provide free services, be open during extended business hours and accept walk-in patients.</p> <p>The Tasmanian Government will establish Medicare UCCs in Tasmania and will identify eligible providers in locations as agreed with the Commonwealth.</p> <p>Tasmania will have an ongoing role in administering and managing the contract with the selected providers, ensuring system integration of Medicare UCCs, working closely with partner hospitals, Primary Health Tasmania (PHT) and Local Health Networks (LHNs) (or equivalent), and working with the Department of Health and Aged Care to monitor and support Medicare UCC operations, including compliance and contractual requirements.</p>																																		
<b>Estimated financial contributions</b>	<p>The Commonwealth will provide an estimated financial contribution to Tasmania of \$15.7 million in respect of this Schedule. The Commonwealth's estimated financial contributions to the operational of this Schedule are shown below.</p>																																		
	<table border="1"> <thead> <tr> <th><b>Table 1</b></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> <tr> <th><b>(\$ million)</b></th> <th><b>2022-23</b></th> <th><b>2023-24</b></th> <th><b>2024-25</b></th> <th><b>2025-26</b></th> <th><b>Total</b></th> </tr> </thead> <tbody> <tr> <td><b>Estimated total budget</b></td> <td><b>2.605</b></td> <td><b>4.279</b></td> <td><b>4.369</b></td> <td><b>4.443</b></td> <td><b>15.696</b></td> </tr> <tr> <td><b>Less estimated National Partnership Payments</b></td> <td><b>2.605</b></td> <td><b>4.279</b></td> <td><b>4.369</b></td> <td><b>4.443</b></td> <td><b>15.696</b></td> </tr> <tr> <td><b>Balance of non-Commonwealth contributions</b></td> <td><b>0.000</b></td> <td><b>0.000</b></td> <td><b>0.000</b></td> <td><b>0.000</b></td> <td><b>0.000</b></td> </tr> </tbody> </table>					<b>Table 1</b>						<b>(\$ million)</b>	<b>2022-23</b>	<b>2023-24</b>	<b>2024-25</b>	<b>2025-26</b>	<b>Total</b>	<b>Estimated total budget</b>	<b>2.605</b>	<b>4.279</b>	<b>4.369</b>	<b>4.443</b>	<b>15.696</b>	<b>Less estimated National Partnership Payments</b>	<b>2.605</b>	<b>4.279</b>	<b>4.369</b>	<b>4.443</b>	<b>15.696</b>	<b>Balance of non-Commonwealth contributions</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
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**Additional terms**

**Project Output**

The output of this Schedule will be the delivery of Medicare UCCs and support provided to the clinics. Medicare UCCs will be:

- Based in existing GP clinics, community health centres, or ACCHS
- Operate for extended business hours and accept walk-in patients
- Bulk-billed resulting in no out-of-pocket costs to the patient
- Flexible and diverse, responding to the needs of the local community
- High quality, safe and effective
- Provide treatment for conditions that do not require a hospital admission such as broken bones, wounds, and minor burns.

An approach to Data, Monitoring and Evaluation has been developed by the Commonwealth and the jurisdictions. The key goals of Medicare UCCs are as follows:

- Medicare UCCs will improve access to urgent care in non-hospital settings, particularly for vulnerable groups (including people with a disability, First Nations people and people from culturally and linguistically diverse communities). This includes the aim of changing consumer behaviour when considering options for appropriate care for urgent conditions that are not immediately life-threatening.
- Medicare UCCs will reduce the pressure on Emergency Department (ED) presentations in partner hospitals by providing patients with short term, episodic care for urgent conditions that are not immediately life-threatening.
- Medicare UCCs will support integration with existing local health services and complement general practice.

It is expected that Medicare UCCs will support people to connect to pathways of care with the broader health system, including ensuring referrals back to a patient's regular GP or care provider, in line with the requirements of the Operational Guidance for Medicare UCCs. The Parties have jointly developed and agreed on measures of success, underpinned by associated data sources which will ensure a shared view of what Medicare UCCs will aim to achieve and guide the approach to evaluation. The Parties have jointly developed and agreed on Operational Guidance which specifies the minimum standard for activity, infrastructure and staffing of a Medicare UCC, while acknowledging that the specific operating model of clinics will vary across locations and is dependent on local conditions including workforce availability.

Medicare UCCs will be funded by the Commonwealth through both block funding (which Tasmania will receive under this Schedule) and the ability to bill a subset of Medicare Benefits Schedule (MBS) items. The funding model will be facilitated through a Medicare UCC specific exemption to subsection 19(2) of the *Health Insurance Act 1973* (the Act).

**Roles and Responsibilities of Each Party**

**Role of the Commonwealth**

The Commonwealth (in addition to the roles outlined in the Health FFA Agreement), will be responsible for:

- Monitoring and assessing achievement against milestones in the delivery of projects under this Schedule to ensure that outputs are delivered within the agreed timeframe;

- Providing a financial contribution to Tasmania as outlined in this Schedule to exclusively fund the establishment and operation for Medicare UCCs, inclusive of one-off upfront equipment costs, ongoing operational costs, and non-labour costs;
- Providing funding to PHT to support Medicare UCCs including to undertake communications activities, data collection, development of care pathways, and ensuring broader system integration.
- Preparing and supporting data extraction and collection directly from Medicare UCC clinics to the Department of Health and Aged Care. Data management responsibilities will include:
  - Entering into a data sharing agreement with the Medicare UCC for extraction of data from Patient Management Software (PMS) to be provided directly to the Department of Health and Aged Care. The Department of Health and Aged Care will be the data custodian of this data;
  - Entering into a data sharing agreement that will identify the level and frequency of data provided to Tasmania to improve clinic service offerings and manage ongoing health planning;
  - Assist in Medicare UCC data analysis and linkage where appropriate, to assess the impact of the Medicare UCCs on hospitals and understand patient pathways associated with the Medicare UCCs.
- Assessing Medicare UCC locations against the agreed Medicare UCC definition and assessment criteria to resolve if a clinic should be awarded an exemption from subsection 19(2) of the *Health Insurance Act 1973*. The provision of this exemption also includes:
  - Providing dedicated provider numbers to Medicare UCC clinicians for each location to ensure access to MBS is limited to Medicare UCC appropriate Medicare Billing items;
  - Supporting participating locations and jurisdictions to understand their responsibilities in relation to UCC requirements and provide relevant advice and education.
- Identifying and treating UCC non-compliance of Medicare UCC requirements in accordance with the Department of Health and Aged Care's compliance guidelines.
- Developing a national plan to evaluate Medicare UCCs the Senior Officials Advisory Group (SOAG) agreed measures of success.
- Finalising, in collaboration with Tasmania, the national evaluation of the Medicare UCC program to determine if the aims and objectives have been achieved and to inform future policy reform.

**Role of Tasmania**

Tasmania (in addition to the roles outlined in the Health FFA Agreement), will be responsible for:

- All aspects of delivering on the project outputs set out in this Schedule;
- Advising and seeking approval from the Commonwealth prior to any change in agreed Medicare UCC locations;
- Administering and managing the contract with selected providers to support them to meet their contractual requirements to operate in accordance with agreed UCC Design Principles and Operational Guidance including providing care that is high quality, safe and effective.

- Identify and notify the Commonwealth of significant contractual noncompliance within 10 business days
- Working in collaboration with Primary Health Tasmania to support the UCCs to develop and maintain integrated patient pathways between Emergency Departments, Medicare UCCs and other health care services and regularly review the pathways in place to ensure they remain appropriate and are working effectively.
- Providing, in collaboration with the Commonwealth, specific localised training for clinic staff in adherence with the Commonwealth guidance. Reporting relevant data to the Department of Health and Aged Care in accordance with data sharing agreements and as endorsed by National Cabinet, Health Ministers and SOAG, including monthly ED hospital data for partner hospitals, aggregated by triage category and outcome of presentation.
- Contract compliance and safety reporting around workforce capability, complaints and adverse events to inform the Department of Health and Aged Care as soon as practicable of management and safety issues which could detrimentally impact UCCs service offering and patient safety.
- Participating in the Commonwealth-led evaluation of UCCs including through the provision of requested relevant data and supporting individual Medicare UCCs to provide such data; and
- Reporting on the delivery of outputs (project milestones, reporting and payments) as set out in Table 2A.

#### Shared Roles

- The Commonwealth and Tasmania (in addition to the roles outlined in the Health FFA Agreement), will be jointly responsible for agreeing State-specific projects and implementation arrangements under this Schedule.
- The Parties will meet the requirements of Schedule E, Clause 26 of the Intergovernmental Agreement on Federal Financial Relations, by ensuring that prior agreement is reached on the nature and content of any events, announcements, promotional material or publicity relating to activities under this Schedule, and that the roles of both Parties will be acknowledged and recognised appropriately.
- While the Department of Health and Aged Care will provide s519(2) Directions and separate Medicare UCC flagged provider numbers, both parties will ensure that Medicare UCCs are operating in accordance with the associated Medicare UCC definition and assessment criteria outlined as part of this Direction.
- The Commonwealth and Tasmania will be jointly responsible for privacy controls and appropriate data governance in accordance with the *Privacy Act 1988* and relevant state-based privacy legislation. These responsibilities will be outlined in Data Sharing Agreements but will include (but are not limited to) the following:
  - Ensuring patients at Medicare UCCs are provided with the Commonwealth's privacy policy and patient consent forms (to complete) every time a patient presents at a Medicare UCC.
  - The privacy policy and patient consent forms clearly identify:
    - The kinds of personal information collected and held;
    - The purposes for which Tasmania and Commonwealth will use the data, such as for evaluation and monitoring of the Medicare UCC program;

- Any other entities which will receive this data from the Commonwealth or the Tasmania

- The Commonwealth will undertake a Privacy Impact Assessment (PIA). Recommendations identified through the PIA will be actioned and/or adhered to where appropriate and reasonable by both the Commonwealth and Tasmania.
- A copy of the PIA, along with the Department of Health and Aged Care response to the recommendations will be provided to Tasmania.
- The Commonwealth and Tasmania will support PHT to develop communication campaigns to inform consumer behaviour change, support clinics to establish specific referral pathways for priority populations and encourage patients to present appropriately at Medicare UCCs.

#### **Financial Arrangements**

In addition to the financial arrangements as outlined in the Health FFA Agreement, it should be noted that the Commonwealth's funding contribution does not include additional Commonwealth contributions of MBS billings which will be demand driven and paid separately to Medicare UCCs through the existing MBS payment mechanism.

Tasmania is unable to seek or utilise funding under the National Health Reform Agreement (NHRA) for the purpose of delivering Medicare UCCs. The Commonwealth will not fund patient services under the NHRA if the same service, or any part of the service, is funded through an existing Commonwealth program including the Medicare Benefits Schedule (MBS) (see clause A9 and A10 of the 2020-2025 Addendum).

Table 2A: Tasmania – Performance requirements, reporting and payment summary			
Output	Performance milestones	Report due	Payment
Planning for the establishment of Medicare UCCs in the following locations: North West Region, Launceston, Hobart (2)	Participation in UCC governance arrangements, commencing establishment of UCCs, establishment of data sharing agreements, and execution of this Project Agreement	16 June 2023	\$2,605,000
Provision of services through the Medicare UCCs	The provision of services through the UCCs for the period 1 July 2023 to 31 March 2024	1 May 2024	\$4,279,000
	The provision of services through the UCCs for the period 1 April 2024 to 31 March 2025	1 May 2025	\$4,369,000
	The provision of services through the UCCs for the period 1 April 2025 to 31 March 2026	1 May 2026	\$4,443,000
	The provision of services through the UCCs for the period 1 April 2026 to 30 June 2026	1 August 2026	N/A

The Parties have confirmed their commitment to this schedule as follows:

Signed for and on behalf of the Commonwealth of Australia by



The Honourable Mark Butler MP  
Minister for Health and Aged Care

01 May 2023

June

Signed for and on behalf of the State of Tasmania by



The Honourable Jeremy Rockliff MP  
Premier, Minister for Health

31 May 2023