

Medicare Urgent Care Clinics – Northern Territory

FEDERATION FUNDING AGREEMENT – HEALTH

Table 1: Formalities and operation of schedule

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Parties	Commonwealth Northern Territory																																		
Duration	This Schedule is expected to expire on 30 June 2026.																																		
Purpose	This Schedule will support the delivery of Medicare Urgent Care Clinics (Medicare UCCs) in the Northern Territory (NT). 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. It is expected that 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 to ensure that the patient receives continuity of care. All referral pathways into and out of the UCC should be driven by local need and co-designed with relevant stakeholders to ensure connectivity to existing community health services, GPs, non-government sector, state and territory funded services, hospital and ambulatory services and other support services. The NT Government will establish Medicare UCCs in their respective jurisdictions. The NT will identify eligible providers in locations as agreed with the Commonwealth. The NT 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 Networks (PHNs) 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.																																		
Estimated financial contributions	The Commonwealth will provide an estimated financial contribution to the NT of \$11.03 million in respect of this Schedule. The Commonwealth's estimated financial contributions to the operational of this Schedule are shown below. <table><tr><th colspan="6">Table 1</th></tr><tr><th>(\$ million)</th><th>2022-23</th><th>2023-24</th><th>2024-25</th><th>2025-26</th><th>Total</th></tr><tr><td>Estimated total budget</td><td>1.009</td><td>2.868</td><td>2.928</td><td>4.230</td><td>11.035</td></tr><tr><td>Less estimated National Partnership Payments</td><td>1.009</td><td>2.868</td><td>2.928</td><td>4.230</td><td>11.035</td></tr><tr><td>Balance of non-Commonwealth contributions</td><td>0.000</td><td>0.000</td><td>0.000</td><td>0.000</td><td>0.000</td></tr></table>					Table 1						(\$ million)	2022-23	2023-24	2024-25	2025-26	Total	Estimated total budget	1.009	2.868	2.928	4.230	11.035	Less estimated National Partnership Payments	1.009	2.868	2.928	4.230	11.035	Balance of non-Commonwealth contributions	0.000	0.000	0.000	0.000	0.000
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Additional terms	<u>Project Output</u> 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 Aboriginal Community Controlled Health Services • Operating in 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 jurisdictions. The key goals or outcomes 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 (CALD) 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. The Parties have jointly developed and agreed on measures of success, underpinned by associated data sources which will ensure a shared view of what UCCs will aim to achieve and guide the approach to evaluation. The Parties have jointly developed and agreed on Operational Guidance for Medicare UCCs (the 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. UCCs will be funded by the Commonwealth through both block funding (which the NT will receive under this Schedule) and the ability to bill a subset of MBS items. The funding model will be facilitated through a Medicare UCC specific exemption to subsection 19(2) of the <i>Health Insurance Act 1973</i> (the Act). <u>Roles and Responsibilities of Each Party</u> <u>Role of the Commonwealth</u> 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 consequent financial contribution to the NT as outlined in this Schedule to exclusively fund the establishment and operation for Medicare
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UCCs, inclusive of one-off upfront equipment costs, ongoing operational costs, and non-labour costs;

- Providing funding to PHNs 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 with the Medicare UCC that will identify the level and frequency of data provided to the NT 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 UCCs on hospitals and understand patient pathways associated with the Medicare UCCs.
- Assessing Medicare UCC locations against the agreed 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 clinic 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 SOAG agreed measures of success.
- Finalising, in collaboration with the NT, the national evaluation of the UCC program to determine if the aims and objectives have been achieved and to inform future policy reform.

Role of the NT

The NT (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 at Table 2A of 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;
- Supporting clinics to have clinical governance protocols in place and are providing care that is high quality, safe and effective;

- Supporting clinics adhere to Commonwealth guidelines for UCCs, including the UCC design principles, UCC operational guidance, data sharing agreements and compliance;
- Identify and notify the Commonwealth of significant contractual noncompliance within 10 business days.
- Working in collaboration with PHNs to support Medicare UCCs to develop and maintain integrated patient pathways between EDs, Medicare UCCs and other health care services and regularly review the pathways to ensure they remain appropriate and working effectively. This includes supporting clinics to establish specific referral pathways for priority populations as identified by the Commonwealth. Providing, in collaboration with the Commonwealth, specific localised training for clinic staff in adherence with the Commonwealth guidance including (but not limited to):
 - Refresher clinical training where appropriate and necessary in accordance with "Section 7: Staffing" of the Commonwealth operational guidance; and
 - Specified mandatory training where appropriate for clinical and administrative staff intended to ensure appropriate, accessible and equitable delivery of services for priority populations (as defined in the Commonwealth onboarding pack).
- 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 the Medicare UCC Senior Officials Advisory Group (SOAG), including:
 - Monthly ED hospital data for partner hospitals, aggregated by triage category and outcome of presentation.
 - Monthly contract compliance and safety reporting around workforce capability, complaints and adverse events, reports will inform the Department of Health and Aged Care immediately of management and safety issues which could detrimentally impact Medicare UCCs service offering and patient safety.
- Participating in the Commonwealth-led evaluation of Medicare 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 the NT (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 ss19(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 the NT 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 the Commonwealth and UCC 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 patients present at a UCC.
- The privacy policy and patient consent forms clearly identify:
 - The kinds of personal information collected and held;
 - The purposes for which the State 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 NT.

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 the NT.

The Commonwealth and the NT will support communications campaigns to inform consumer behaviour change 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 UCCs through the existing MBS payment mechanism.

The NT are unable to seek or utilise funding under the National Health Reform Agreement (NHRA) for the purpose of delivering 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: Northern Territory – Performance requirements, reporting and payment summary			
Output	Performance milestones	Report due	Payment
Planning for establishment of UCCs in the following locations: Darwin and Alice Springs	Commencing establishment of Medicare UCCs in Darwin and Alice Springs Participation in UCC governance arrangements Supporting the establishment of data sharing agreements Execution of this Project Agreement	15 May 2023	\$1,009,000
Provision of services through the Medicare UCCs	The establishment and the provision of services through the UCCs for the period 1 July 2023 to 31 March 2024	15 May 2024	\$2,868,000
	The provision of services through the UCCs for the period 1 April 2024 to 31 March 2025	15 May 2025	\$2,928,000
	The provision of services through UCCs for the period 1 April 2025 to 31 March 2026	15 May 2026	\$4,230,000

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

10 November 2023

December



Signed for and on behalf of the Northern
Territory by



The Honourable Natasha Fyles MLA
Chief Minister, Minister for Health

November 2023 29 NOV 2023