MEMORANDUM OF UNDERSTANDING

BETWEEN THE

COMMONWEALTH OF AUSTRALIA

AND

WESTERN AUSTRALIA

IN RELATION TO THE COOPERATIVE IMPLEMENTATION OF COUNCIL OF AUSTRALIAN GOVERNMENTS' (COAG'S) (10 FEBRUARY 2006) 'BETTER ACCESS TO PRIMARY CARE SERVICES IN RURAL AREAS' INITIATIVE (THE '19(2) EXEMPTIONS' INITIATIVE).
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PRIMARY CARE SERVICES IN RURAL AREAS – 19(2) EXEMPTIONS
MEMORANDUM OF UNDERSTANDING
BETWEEN THE
COMMONWEALTH OF AUSTRALIA
AND
WESTERN AUSTRALIA

IN RELATION TO THE COOPERATIVE IMPLEMENTATION OF COUNCIL
OF AUSTRALIAN GOVERNMENTS' (COAG'S) (10 FEBRUARY 2006)
'BETTER ACCESS TO PRIMARY CARE SERVICES IN RURAL AREAS'
INITIATIVE (THE '19(2) EXEMPTIONS' INITIATIVE).

1. Parties to this Memorandum of Understanding

1.1 This Memorandum of Understanding (MoU) is made between:

- The Commonwealth as represented by the Department of Health and Ageing ('the Commonwealth'); and
- The State of Western Australia as represented by the Department of Health ('the State').

2. Interpretation

2.1 In the interpretation of this MoU, its schedules, all Implementation Plans completed pursuant to this MoU, and in all dialogue between the Parties concerning Implementation of the 19(2) Exemptions Initiative, unless the contrary intention appears, words and phrases are to be interpreted by reference to Schedule A.

3. Interaction with Australian Health Care Agreement

3.1 Notwithstanding the obligations imposed through clauses 6(a) and 44(a) of the Australian Health Care Agreement between the Commonwealth of Australia and Western Australia 2003 - 2008, the State may access funds through the Medicare Benefits Schedule ('MBS') for eligible services rendered at an eligible site.

3.2 And notwithstanding clauses 39, 41, and 42 of the Australian Health Care Agreement between the Commonwealth of Australia and Western
Australia 2003 - 2008, Medicare benefits are payable for an eligible service rendered at an eligible site (though a patient must not be charged a co-payment for a state or territory remunerated service).

4. Variation or Termination of the MoU

4.1 Unless terminated earlier, this MoU will expire on 1 July 2010.

4.2 This MoU may be varied or terminated through written agreement by both parties, or on behalf of the parties to it by the Commonwealth Minister and the State Minister.

5. Purpose

5.1 At the 10 February 2006 meeting of COAG, Heads of all Australian governments agreed on a series of practical initiatives in the area of improved health services.

5.2 This MoU sets out the framework within which the Commonwealth and the State will cooperate to implement the Better Access to Primary Care Services in Rural Areas – 19(2) Exemptions initiative (also known as the '19(2) Exemptions' initiative), which was agreed at this meeting of COAG.

6. Policy Objectives and Context

6.1 The 19(2) Exemptions initiative will support rural hospitals and health services in small communities by increasing access to Commonwealth funding and by states and territories ensuring increased support for primary care in these areas. It recognises the challenges in attracting and retaining adequate primary health care professionals in rural and remote areas. The aim is to achieve a net gain in services in these areas.

6.2 Under the 19(2) Exemptions initiative, exemptions will be provided under section 19(2) of the Health Insurance Act 1973 to allow eligible services, including those provided by primary medical practitioners under state and territory funded remuneration arrangements, to be claimed against the MBS. For a locality to qualify, it must be in an area of workforce shortage, be a rural or remote area and have a population of less than 7,000.

6.3 States and territories will be required to ensure local primary care providers (including general practitioners, Royal Flying Doctor Service, and Aboriginal Health Services) endorse the 19(2) Exemptions initiative and provide written agreement.

6.4 States and territories are also required to ensure increased support for primary health care services in return for the funds derived from the 19(2)
Exemptions initiative, and undertake measures to retain all public hospitals and health services operating in areas subject to section 19(2) exemptions.

7. Disclaimer

7.1 This MoU does not give rise to any legally enforceable rights or obligations between the Parties, and places no limitations on the performance of functions and exercise of powers of the Commonwealth or the State.

7.2 Implementation of the 19(2) Exemptions initiative will be consistent with the legislation, policies, and plans of management, to which each of the Parties is subject.

8. Principles

8.1 Both Parties to this MoU agree that the following Principles underlie the development and operation of this MoU and will guide implementation of the 19(2) Exemptions initiative:

- All Australians should have equitable access to appropriate and quality health care, throughout their entire lifespan, and without regard to their place of residence within Australia;
- Australians in rural and remote areas of Australia face particular challenges when it comes to accessing appropriate health care, and it is the common responsibility of all Australian governments, to seek to address these challenges;
- The health and medical workforce is a finite and valuable resource, and its members' involvement and consent is crucial to the successful implementation of the 19(2) Exemptions initiative;
- It is generally the case that government should not establish services that act in direct competition to pre-established commercial services. Funding accessed through the 19(2) Exemptions initiative should not be put to any purpose that undermines the viability or profitability of existing, privately operated, health services, including existing general practices;
- The Commonwealth has committed funding for the 19(2) Exemptions initiative until 2009-10. The outcomes of evaluations of the 19(2) Exemptions Initiative will inform any decision by the Commonwealth concerning future funding of the 19(2) Exemptions initiative; and
- Implementation of the 19(2) Exemptions initiative should take place in as transparent a manner as possible, while ensuring that such data collection and reporting requirements as agreed between the Commonwealth and the State remain simple and, where possible, utilise existing processes.
9. Roles and Responsibilities

9.1 The Commonwealth agrees to:

- Consider the Implementation Plan/s from the State, including areas eligible for exemptions pursuant to section 19(2) of the *Health Insurance Act (1973)*, and issue an exemption for those areas where:
  - both the Commonwealth and the State agree that the locality meets COAG’s guidelines on section 19(2) exemption eligibility;
  - the Implementation Plan is consistent with the Principles at clause 8 of this MoU; and
  - an exemption would have an effect consistent with the COAG’s express policy objectives as specified at clause 6.
- Work with the State to agree the minimum data set to enable efficient and appropriate reporting to each party’s government;
- Work with the State to develop and implement an evaluation methodology for the 19(2) Exemptions initiative; and
- Work with the State to achieve effective national coordination of the 19(2) Exemptions Initiative.

9.2 The State agrees to:

- Provide an Implementation Plan (copy of Implementation Plan proforma¹ at Schedule B) detailing localities for which it is seeking a section 19(2) exemption;
- Consistent with timeframes and in a format agreed between the Commonwealth and the State, provide updated Implementation Plans, or advice on additional localities, as they are identified;
- Ensure the support, in writing, of local primary care providers operating in areas where section 19(2) exemptions are sought;
- Ensure that the Commonwealth is aware of any relevant issues relating to general practice that arise as a result of the implementation of the 19(2) Exemptions initiative;
- In applying for exemptions, provide information about the current levels of support, and an indication of the level and nature of services and increased support to be provided;
- Ensure that medical practitioners who plan to claim Medicare benefits for the provision of eligible services have a provider number specific to the location/s where they plan to provide eligible services, noting that this is a requirement of Medicare Australia;
- Undertake measures that will support public hospitals and health services operating in areas subject to section 19(2) exemptions to remain open and operable;
- Make reference to the Commonwealth’s role and contribution (including quantum of the Commonwealth’s financial contribution) in any issue of

¹ The Implementation Plan template at Schedule B may be completed and returned to the Commonwealth’s Contact Officer, or alternatively, jurisdictions may use the Plan as a guide to the Commonwealth’s minimum information requirements, and submit a Plan that is formatted to better match local requirements.

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19(2) Exemptions Initiative – WA MoU - 6 -
information through media releases, promotional materials, or through any other media or means;
• Consult with the Commonwealth’s contact officer (at clause 12 of this MoU) prior to any such issue of information; and
• In line with the principles at clause 8 of this MoU, work with the Commonwealth to develop robust data collection, reporting, and evaluation regimes that maximise accountability, and actively support the arrangements once in place.

10. Financial Assistance and Associated Terms and Conditions

10.1 The Commonwealth acknowledges that MBS funding will be accessible for eligible services provided at eligible sites.

10.2 The State acknowledges that, in accordance with COAG directions, and in line with its current Implementation Plan/s, it is responsible for ensuring a net gain in services to those communities in localities that are subject to a section 19(2) exemption. The State acknowledges that this responsibility may entail the provision of support and other assistance to improve and enhance primary care services in these communities such as ensuring:

• a minimum level of locum support and allied health services;
• access to hospital facilities (for example, use of staff and disposables, including dressings and resources) when operating from that setting;
• booked appointments; continuity of practitioner;
• use of consulting rooms by local, private GPs; and
• administrative support for Medicare claiming and reconciliation.

10.3 The State acknowledges that it is responsible for undertaking measures that will support all public hospitals and health services operating in areas subject to section 19(2) exemptions to remain open and operable.

11. Data Collection and Reporting, and Measuring Performance

Annual Reporting

11.1 The Commonwealth and the State agree to work together to develop an annual reporting data set to enable progress on the 19(2) Exemptions initiative to be reported to each party’s government. This will include information on the current level of services provided and the level and nature of services and increased support to be provided.

Evaluation
11.2 Unless otherwise agreed by both parties, the Commonwealth and the State agree to participate on a Steering Group to develop and oversee the evaluation of the 19(2) Exemptions initiative. Work carried out by the Steering Group will include the selection of a consultant(s), the cost of which will be borne by the Commonwealth, to develop an evaluation framework and undertake the evaluation. This will be completed in time to inform any decision by the Commonwealth concerning future funding of the 19(2) Exemptions initiative.

11.3 The evaluation may include any or all of the following, at a local, regional, or state level, as agreed between the Commonwealth and the State, noting that not all may be applicable in all jurisdictions, and that there may be modifications, additions or deletions through the Steering Group process:

- Impact on retention of small rural hospitals and health services;
- Impact on primary care services in eligible locations;
- Impact on non-medical services available in eligible locations;
- Impact on GPs and salaried medical officers in eligible locations, including remuneration and retention;
- Impact on private GPs using hospital facilities; and
- Assessment of the additional services that assisted in recruitment and retention, eg. locum provision.

11.4 Noting that each jurisdiction will apply an approach that is specific to its local environment and its identified needs, the evaluation will include measures that enable the review and comparison of approaches applied by each state and territory to specific projects under the 19(2) Exemptions Initiative, and assess the relative effectiveness of the various approaches.

12. Contact Officers

12.1 The Commonwealth's Contact Officer for matters relating to the 19(2) Exemptions initiative is:

Ms Jennifer Campain
Director, COAG Implementation Unit
MDP 126
Department of Health and Ageing
GPO Box 9848
Canberra City ACT 2600

Phone: 02-6289 4055
Facsimile: 02-6289 5596

12.2 The State's Contact Officer for matters relating to the 19(2) Exemptions Initiative is:

Mr Michael Pervan

19(2) Exemptions Initiative - WA MoU
THIS MOU WAS SIGNED BY THE PARTIES ON THE FOLLOWING DATE/S:

SIGNED FOR AND ON BEHALF OF THE COMMONWEALTH OF AUSTRALIA BY THE HON TONY ABBOTT MHR, MINISTER FOR HEALTH AND AGEING:

IN THE PRESENCE OF:

Maxine L Sells.


SIGNED FOR AND ON BEHALF OF THE STATE BY THE HON JIM MCGINTY MLA, WESTERN AUSTRALIAN MINISTER FOR HEALTH:

IN THE PRESENCE OF:

Kathie Wallford

ON THE 9th DAY OF October 2006.
**SCHEDULE A**

**Definitions: COAG’s 19(2) Exemptions Initiative**

| **Rurality Index** | The ASGC Remoteness Areas, released in 2001 by the ABS was based on an enhanced measure of remoteness (ARIA+), is the preferred scheme for defining rural and urban areas.  

The ARIA+ Index values (used in ASGC Remoteness Areas) and ARIA Index values (used in the ARIA classification) of localities are calculated in a similar manner although there are some differences. For example:  

ARIA+ Index values (between 0 and 15) are based on road distance from a locality to the closest service centre in each of five classes of population size (instead of four – as in ARIA).  

ASGC Remoteness categories are given to Census Collection Districts (CDs) on the basis of the average ARIA+ score within the CD. An assessment of remoteness in individual SLAs (or other areas) can then be made on the basis of the ASGC Remoteness Area categories allocated to the SLAs constituent CDs.  

ASGC Remoteness categorises areas as Major Cities, Inner Regional, Outer Regional, Remote, and Very Remote. For the purposes of the 19(2) Exemptions Initiative, rural areas have been defined as any area that does not fit within the definition of ‘major city’.  

The remoteness classifications used by the Multi-Purpose Services (MPS) Program are specified under the definition of MPS. |
| **Catchment Population** | The catchment to be defined as the surrounding Statistical Local Area (SLA) is the preferred level of population disaggregation unless there are two or more separately defined communities within the SLA which would warrant separate consideration (ie. the SLA may have a population of 12,000 people, but contains three separate communities of less than 7,000) In which case Census Collection Districts (CCD) will be used. CCDs can cross SLAs, so will need to be specifically studied to determine if they are within an area of Workforce Shortage.  

The SLAs and CCD population data will be based on the latest ABS published census data. |
| **Areas of Workforce Need** | For the purpose of the Better Access to Primary Care in Rural Areas – 19(2) Exemptions initiative, whether or not there is a shortage of medical practitioners will be determined by reference to the Commonwealth’s workforce programs’ “Area of Workforce Shortage” Index. |
| **Eligible Site** | An eligible site is a health facility from which services are traditionally provided by the state health authority — including hospitals, Multi-purpose Services (MPS), and community clinics — and that is situated in a locality that is subject to a section 19(2) exemption.  

The hospital or MPS should be included in the hospital morbidity returns provided annually by the States to the Commonwealth, in accordance with the Australian Health Care Agreements (AHCA). |
### Implementation Plan
The Implementation Plan outlines how states intend to implement the 19(2) Exemptions initiative. Ideally, an Initial Plan will be provided by the states prior to the commencement of the 19(2) Exemptions initiative and it is states’ responsibility to ensure, unless other arrangements are made with the Commonwealth, that revised implementation plans are provided for each of the four years, or as localities are identified.

The Implementation Proforma for the 19(2) Exemptions initiative is attached at schedule B of this MoU.

### Non-Admitted Patients
A non-admitted patient is a patient who does not undergo a hospital’s formal admission process. There are three categories of non-admitted patient:

- emergency department patient
- outpatient
- a patient treated by hospital employees off the hospital site – includes community/outreach services.

### Medicare Benefit Provider Eligibility
A medical practitioner wishing to access Medicare Benefits will need to meet the requirements of the *Health Insurance Act 1973*. Information about such eligibility is available on the Medicare Australia website on www.medicareaustralia.gov.au.

Medical practitioners will not be able to access Medicare Benefits if they do not meet the appropriate requirements. For some medical practitioners this will mean seeking exemptions from the usual requirement because of special circumstances, such as working in an area of medical workforce shortage.

### Eligible Services
Non-admitted, non-referred professional services (including eligible nursing services) and eligible allied health and dental services.

In relation to diagnostic imaging services, the same provisions that currently apply to GPs would also apply under the 19(2) Exemptions initiative.

### Agreement of local primary care practitioners in eligible locations – 19(2) exemptions
Agreement should be defined or measured as follows:

- agreement obtained by the States and then demonstrated to the Commonwealth;
- the Commonwealth will require written evidence of agreement from local privately practicing or community-based primary health care practitioners in the area or nearby (if there are any such providers);
- the evidence to include a letter of support from the relevant Division of General Practice, any Aboriginal Medical Services in the area or nearby and the Royal Flying Doctors Service (if they provide services at a site in or nearby to the area);
- agreement from all individuals or groups outlined above is required;

The location would fail the eligibility criteria for granting of an exemption should any of the individuals or groups outlined above not support the arrangement, although there will be capacity to consider making an exception where agreement is overwhelming but not unanimous.
Schedule B

COAG HEALTH REFORM – BETTER ACCESS TO PRIMARY CARE SERVICES IN RURAL AREAS – 19(2) EXEMPTIONS

State / Territory: ____________________________

JURISDICTIONAL IMPLEMENTATION PLAN pro forma

The Council of Australian Governments agreed to an initiative which will provide exemptions under section 19(2) of the Health Insurance Act 1973 to allow primary care services provided in eligible areas to be claimed against the MBS for non-admitted public patients. For a locality to qualify, it must be in an area of workforce shortage, be a rural or remote area with a population of less than 7,000, and have the support of local primary care practitioners.

To assist in the implementation of the 19(2) Exemptions initiative this proforma has been developed. It is aimed at capturing the key set of information required to assist with evaluation and accountability. It forms the basis for states and territories to outline how they will implement the program in their jurisdictions and will also facilitate the preparation of advice to our various Governments on the impact of the 19(2) Exemptions initiative in achieving its stated aim.

The plan seeks the following details:

- Contact Details
- Identification of eligible rural and remote areas
- Process for obtaining agreement of local GPs and primary care practitioners
- Define the form the above agreement will take
- Time Frame (s) and Expected Deliverable(s)
- Application of Funding Derived from the 19(2) Exemptions Initiative
- Other Information

Please append any additional information that you consider would be useful in progressing the implementation of the 19(2) Exemptions initiative.
CONTACT DETAILS

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<tr>
<th><strong>NAME of Contact Person:</strong></th>
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* Please provide alternative contact name and details on Page 5

IDENTIFICATION OF ELIGIBLE RURAL AND REMOTE AREAS

Please provide details of the areas for which a section 19(2) exemption is being sought.
<table>
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<th>Town</th>
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**PROCESS for OBTAINING AGREEMENT OF LOCAL GPs and PRIMARY CARE PRACTITIONERS**

Please provide details of how agreement will be obtained, for example, a proforma to be provided to local GPs, divisions, RFDS and AMS (where appropriate).

*Note:* It will not be necessary to seek this agreement until after the proposed area is agreed with the Commonwealth following confirmation of population and workforce shortage.
TIME FRAME

Please provide an estimated time frame for implementation of Initiative with key points.

APPLICATION of FUNDING DERIVED FROM THE 19(2) EXEMPTIONS INITIATIVE

Please provide details of how funding derived from the section 19(2) exemptions will be utilised in eligible areas eg information about the current levels of support, and an indication of the level and nature of services and increased support to be provided.
OTHER INFORMATION

Please use this section to provide any additional relevant information.

Compiled by:

Name, Position Title, Department

Date: ...... / ...... / ......

ALTERNATIVE CONTACT DETAILS (if required):
*NAME of Contact Person: .................................................................

POSITION Title, Department and Section: ........................................

........................................................................................................

ADDRESS for Correspondence: .........................................................

........................................................................................................

TELEPHONE Number: ........................................................................

........................................................................................................

FACSIMILE Number: .................................................................

........................................................................................................

E-MAIL Address: .............................................................................

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WHEN COMPLETED, PLEASE FORWARD TO:

Director, Implementation Unit
Acute Care Policy Section
MDP 126
Dept Health and Ageing
GPO Box 9848
Canberra City ACT 2601

or send by FAX to (02) 6289 5596
or send to email: jennifer.campain@health.gov.au
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not eligible 27.08.07

WA sites 19.2 Exemption as at 27.08.07.xls