

Medicare Urgent Care Clinics – Australian Capital Territory

FEDERATION FUNDING AGREEMENT - HEALTH

Table 1: Formalities and operation of schedule																								
Parties	Commonwealth Australian Capital Territory																							
Duration	This Schedule is expected to expire on 30 June 2026.																							
Purpose	<p>This Schedule will support the delivery of Medicare Urgent Care Clinics (Medicare UCCs) in the Australian Capital Territory (the ACT).</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 ACT will establish Medicare UCCs in its jurisdiction as part of its community based Walk in Centres.</p>																							
Estimated financial contributions	<p>The Commonwealth will provide an estimated financial contribution to the ACT of \$7.1 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>Table 1 (\$ million)</th> <th>2023-24</th> <th>2024-25</th> <th>2025-26</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Estimated total budget</td> <td>2.567</td> <td>2.246</td> <td>2.284</td> <td>7.097</td> </tr> <tr> <td><i>Less estimated National Partnership Payments</i></td> <td>2.567</td> <td>2.246</td> <td>2.284</td> <td>7.097</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> </tr> </tbody> </table>				Table 1 (\$ million)	2023-24	2024-25	2025-26	Total	Estimated total budget	2.567	2.246	2.284	7.097	<i>Less estimated National Partnership Payments</i>	2.567	2.246	2.284	7.097	Balance of non-Commonwealth contributions	0.000	0.000	0.000	0.000
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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 community based Walk in Centres (WiCs)
- 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 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 demand 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.

Medicare UCCs will support people to connect to pathways of care with the broader health system, including providing 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 Medicare 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 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 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.

The establishment of Medicare UCCs in the ACT will be supported by the Commonwealth through both block funding (which the ACT will receive under this Schedule) and the ability of specified and agreed locations to bill a subset of MBS items to deliver urgent care in accordance with the Operational Guidance. 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 consequent financial contribution to the ACT as outlined in this Schedule to exclusively fund the establishment and operation for Medicare UCCs, inclusive of one-off upfront capital costs, ongoing operational costs, and non-labour costs;
- Providing funding to Capital Health Network to support Medicare UCCs in collaboration with the ACT Government and work with primary care providers in the ACT to support system integration where required.
- Preparing and supporting data collection from Medicare UCCs to the Department of Health and Aged Care. Data management responsibilities will include working with the Territory and the Medicare UCC evaluator to facilitate data sharing to measure goals and intended outcomes for Medicare UCCs, including as they relate to:
 - Extraction of de-identified data from the Territory's Digital Health Record to be provided directly to the Department of Health and Aged Care as outlined in the Data Sharing Agreement;
 - Identifying the level and frequency of data provided back to the ACT 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 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 UCC clinicians for each Medicare UCC 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 Medicare UCC requirements and provide relevant advice and education.
- Identifying and treating clinic non-compliance with Medicare UCC requirements in accordance with the Department of Health and Aged Care's compliance guidelines.
- Developing a national plan to evaluate Medicare UCCs against the Senior Officials Advisory Group (SOAG) agreed measures of success.
- Finalising, in collaboration with the ACT, 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 the ACT

The ACT (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;
- Ensuring clinics have clinical governance protocols in place and are providing care that is high quality, safe and effective;
- Ensuring clinics adhere to Commonwealth guidelines for Medicare UCCs, including the Medicare UCC design principles, Medicare UCC Operational Guidance (with any differences to be agreed separately in writing), data sharing agreements and compliance;
- Acknowledge the Medicare UCC program as part of its branding and in alignment with Canberra Health Services brand guidelines;
- Identify and notify the Commonwealth of significant contractual noncompliance within 10 business days.
- Working in collaboration with Capital Health Network to support integrated patient pathways between Emergency Departments, 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.
- Ensuring staff are appropriately trained to meet obligations of the Medicare UCC and to ensure appropriate, accessible and equitable delivery of services for priority populations.
- Reporting to the Department of Health and Aged Care in accordance with relevant legislation, data sharing agreements and as endorsed by National Cabinet, Health Ministers and the Medicare UCC Senior Officials Advisory Group (SOAG), including, where possible:
 - 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 ACT (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 ACT 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 and will include (but are not limited to) that the privacy policy clearly identify:

- The kinds of personal information collected and held;
- The purposes for which the ACT 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 ACT.

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 ACT. A copy of the PIA, along with the DOHAC response to the recommendations will be provided to ACTHD.

Data sharing agreements between ACTHD and DOHAC will be prepared that allow ACTHD data custodians to assess disclosure risks against the Five Safes framework.

The Commonwealth and the ACT will support communication 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 Medicare UCCs through the existing MBS payment mechanism.

Activities delivered by WiCs for which they are receiving funding under the NHRA will not also be eligible for funding under this schedule. Likewise, activities delivered under this schedule are not in scope for NHRA funding and will not be included in the national submission for the purpose of NHRA funding. 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: Australian Capital Territory – Performance requirements, reporting and payment summary

Output	Performance milestones	Report due	Payment
Planning and establishment of Medicare UCCs in the following locations within existing Walk-in Centres: Tuggeranong, Weston Creek, Inner North (Dickson), Belconnen, Gungahlin.	Participation in UCC governance arrangements, planning for UCC establishment and establishment of Medicare UCCs, establishment of data sharing agreements and execution of this Project Agreement.	1 September 2023	\$1,100,000
Implementation Review Report	Provision of a report on the implementation of Medicare UCCs in the ACT, including confirmation of imaging access and workforce composition at each Medicare UCC.	1 December 2023	N/A
Provision of services through the Medicare UCCs	The provision of services through the UCCs for the period since commencement to 31 March 2024	1 May 2024	\$1,467,000
Implementation Review Report	Provision of a report on the implementation of Medicare UCCs in the ACT, including confirmation of imaging access and workforce composition at each Medicare UCC.	1 December 2024	N/A
Provision of services through the Medicare UCCs	The provision of services through the UCCs for the period 1 April 2024 to 31 March 2025	1 May 2025	\$2,246,000
Provision of services through the Medicare UCCs	The provision of services through the UCCs for the period 1 April 2025 to 31 March 2026	1 May 2026	\$2,284,000

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

04 August 2023
September

Signed for and on behalf of the Australian Capital Territory by



Ms Rachel Stephen-Smith MLA
Minister for Health

25 August 2023