Supporting nurses in primary health care

1 April 2019

Royal Australian College of General Practitioners

RE: RACGP White paper – Vision for general practice and a sustainable healthcare system (the Vision)

The Australian Primary Health Care Nurses Association (APNA) welcomes the opportunity to contribute to consultation regarding the Royal Australian Collage of General Practitioners (RACGP) *White Paper (February 2019) – a draft of the updated Vision for general practice and sustainable healthcare system* (the Vision).

APNA is the peak professional body for nurses working in primary health care. APNA champions the role of primary health care nurses: to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care. APNA is bold, vibrant and future-focused. We reflect the views of our membership and the broader profession by bringing together nurses from across Australia to represent, advocate, promote and celebrate the achievements of nurses in primary health care.

APNA provides the following comments on the Vision, on behalf of our membership of Australian primary health care nurses.

APNA'S Response to the RACGP White Paper (February 2019) – a draft of the updated Vision for general practice and sustainable healthcare system

APNA welcomes use of language by the RACGP which reflects the contribution of general practice teams and the recognition that no single person or discipline can address the complexity of chronic disease management. The high expectations of today's population and higher load of chronic conditions means that it takes a team approach to primary health care to secure good outcomes for patients. We know that team care via general practice and similar primary health care services are the cornerstone of a strong, successful national health system.

APNA is supportive of patient centred approach to care and the language that reflects the Quadruple Aim as used throughout the Vision, and the acknowledgement of the improved sense of satisfaction that is achieved for all the general practice team members when an individual health practitioner's skills are used to the full scope of their practice. For health practitioners, that sense of satisfaction in their role is seen as key to the delivery of high-quality care for patients as well as being an important factor that promotes work force retention.

Strengths

APNA is supportive of the Vision and the general principles it puts forward:

1. The Vision clearly states the challenges facing the Australian population, and highlights the specific challenges faced by general practice as it attempts to adapt to meet the needs of the population within the limits of the current funding model.

2. The Vision clearly states the importance of adequately resourcing general practice to address the challenges faced by the entire health system and to play its role in managing the existing and future health challenges faced by Australians.

3. The Vision overlaps in principles with the MBS Review General Practice and Primary Care Clinical Committee Recommendations, which APNA also agrees with in principle.

4. The Vision appears to be underpinned by recognition of the importance of team based, patient centred care. APNA sees team based, patient centred care as a cornerstone for addressing the complexities of chronic disease which is multifaceted in its causes and progression (Cashin 2015; Freund et al 2015) and as essential for a successful national health system.

5. The Vision's use of the Bodenheimer's (2014b) building blocks as a model for patient centred care and its creation and application of building block symbols throughout the paper, help to provide some application of theory to principles for systems set up as well as daily practice. The points are clearly set out and easily understood and will appeal to both consumer as well as a model to guide health professional care.

Weaknesses

However we see some deficiencies of the Vision:

1. The Vision does not adequately discuss how the system can move towards a truly patient-centred approach on a practical level. The paper lacks discussion of a change management strategy to enable general practice to move towards patient centred care, nor does it make any reference to future work that RACGP has planned for a coordinated change management processes to support the RACGP' Vision.

2. Encouraging and implementing behavioural change in both patients and health professionals is always a challenge. The person-centred approach can take some system re-thinking of how to approach care delivery. Multidisciplinary team based care requires deeper understanding of each other's roles and scope of practice, as well as the development of trust to help break down barriers and resistance to sharing workload, to then pave the way for more advanced use of the clinical team. Highlighting positive examples of general practices already implementing a team based, patient centred approach as 'change champions' is worth examining here. The Health Care Homes model, whilst still in early stages of piloting, has some great examples where RACGP members are leading high performing teams. APNA recommends that the Vision expands on how general practices may implement systems and behaviours.

3. The Vision does not adequately discuss incentivising and supporting ALL members of the multidisciplinary team to work to their full scope of practice, to assist with driving the achievement of the Quadruple Aim (Bodenheimer & Sinsky 2014a). In particular it does not discuss how the fourth aspect of the Quadruple Aim (an improved work life of health care providers, including clinicians and staff) is important not only for GPs but for the whole multidisciplinary team, and that being able to work to full scope of practice is integral to this sense of work and role satisfaction. APNA's Workforce Survey, with 2052 respondents across Australia in 2018, found that just over half rated themselves as satisfied with their current position, which took into account their role, income/related benefits, trust and respect in the workplace, level of autonomy and access to education/training.

4. Enabling each health discipline within Australia's health care workforce to work to their full scope of practice, is an important principle for an effective and efficient health care system of the future (Leggat 2014), and for job satisfaction and staff retention. APNA recommends that the RACGP acknowledges the importance of all disciplines working to their full scope of practice, and how this contributes to the sense of professional satisfaction of <u>all</u> team members.

5. The Vision must place a stronger emphasis on the vital role of nurses in the primary health care system, given the fact that nurses are the second highest proportion of the workforce in general practice: there are 23 000 GPs (Department of Health 2019b) and (13 000 nurses in general practice (Department of Health 2019b). There is evidence to indicate that primary health care nurses working to the breadth of their scope of practice facilitates better outcomes for patients as well as increased patient satisfaction, enhanced productivity and value for money for health services (Keleher et al 2009; Helms et al 2015; Bradbury et al 2017; Parkinson & Parker 2013). Primary health care nurses play an important role in sharing the workload in general practice and can enable general practices to expand both access to services, as well as the type of services they are able to offer their patients and hence contribute to its profitability.

6. The Vision should rely less on MBS fee-for-service (FFS) items. There is growing international evidence that points to a blended payment system built on voluntary patient enrolment (VPE) as being the funding method by which to drive the coordinated, comprehensive, continuous quality team-based care that the Vision references (Reddy 2017; PwC 2018). The Vision should seek to expand the statement to more strongly reflect this.

7. Whilst the case for voluntary enrolment can be easily made for people with chronic or age related conditions and complex care needs, as well as for other vulnerable groups, it is more difficult to apply VPE to younger, healthier patient cohorts. The Vision could further explore and discuss this point.

8. APNA supports patient connectedness to a regular GP or general practice. This not only promotes a trusting relationship between the patient, their family and health care providers in a given general practice, it also helps to reduce the risk of patients "slipping through care gaps". APNA acknowledges that ideally a patient builds a relationship with a regular GP who will oversee the majority of their care. Whilst this is preferable, in times of part time GP work force it can be difficult to ensure access to a particular GP. Most patients will maintain a relationship with their 'main' GP but to ensure timely care, a patient needs to have a relationship with the whole general practice team, not just the GP. If patients were to enrol with a general practice, they would then be able to see the most appropriate available member of the multidisciplinary team, including another GP, for their specific need at any given time. Recommendation 2 of the MBS Review: General Practice and Primary Care Clinical Committee Report supports this view. APNA would further add that risk stratified bundled payments would better fund flexible long term, patient-centred coordinated care for people with complex chronic illness (PHCAG 2016).

Specific comments

We now provide comments on specific aspects of the Vision where the nursing role could be more clearly stated.

Core features of high quality general practice

APNA endorses the Vision's view of the core features of high quality general practice, based as they are on *The 10 building blocks of high-performing primary care* (Bodenheimer et al 2014b) and other patient centred care models.

Accessibility

We would like to see it emphasised that not all patient attendances to general practice need to have GP involvement, for example: ongoing dressings, routine chronic disease management visits, adult Fluvax administration. Many of these non-urgent, non-acute, routine presentations can be safely managed by a nurse, under current legislated scope of practice, working as part of the practice team; notwithstanding the issue of how to fund these services without GP involvement due to current system's reliance on the MBS fee

for service (FFS) model to help cover costs. If nurses are enabled to autonomously manage such patient attendances via a more innovative funding system, doctor time could be freed up which would facilitate increased access to GP services for 'sick on the day' and acute presentations, and patients requiring GP chronic disease management could be efficiently scheduled for GP review in a predictable care cycle. We note, the Practice Nurse Incentive Payment (PNIP) was meant to aid and subsidise such nurse activity.

Actioning the features of high-quality general practice

The features of high-quality general practice are clearly set out by the Vision and easily understood. APNA notes the Vision's inclusive language acknowledging comprehensive care requires a multidisciplinary team of care providers, as well as regular reference to "GPs and their team".

Foster engaged leadership

APNA appreciates the RACGP efforts to promote leadership in general practice and the recognition by the RACGP in the Vision that leadership teams include 'other members of the practice team'. Indeed in many instance, nurses drive new projects and change management activity within general practices e.g. population health programs, quality improvement activities and accreditation. Some clinical governance issues are handed over to nurses to manage e.g. infection control, staff health. Nurses play a key role in supporting GP services through sharing care and in care coordination. APNA recommends the contribution and role of nurses in general practice leadership needs to more strongly acknowledged in the paper.

Prioritise disease prevention and early prevention activities

APNA is pleased to see the paper's efforts to highlight the pivotal role of general practice in delivering preventative care. Nurses are key to setting up systems to support and implement preventative care programs in general practice and like settings. Such care also contributes to the business model of general practice by increasing patient access and throughput.

Support evidence based patient care

APNA of course agrees that clinical care should be delivered according to an evidence base, and that health care systems should also be based on evidence where this exists. It is unclear from the Vision as to whether this point refers to clinical research or systems research. APNA believes that research needs to take a big picture approach and look at the contribution of all team members, to examine what best supports efficient and effective patient outcomes.

APNA supports the goal of well implemented quality improvement activities and the collection of data that could underpin further research in general practice and similar primary health care services. The current Practice Incentive Payment (PIP) program looks a meeting throughput targets and quality improvement, and the evidence gained will help further the case a strong primary health care, supported by evidenced quality medical care, is the key to keeping people well. The measurement of outcome of care programs will add further weight to evidence base and the RACGP vision.

There is no clear mention in the Vision of how the RACGP will ask members to collect and utilise data and patient outcome measures and drive improvements in care delivery. This could be elaborated on. There is no mention of the crucial role general practice data plays in the development of the National Primary Health Care Data Asset, and the role of general practice data plays in the future of national population health and services planning. There is also no mention of the My Health Record in the Vision and its role in information sharing between providers to facilitate patient care.

Support education and comprehensive training of all health professionals

APNA is supportive of the RACGP vision to support education and comprehensive training of all health professionals. Whilst there is funding attached to medical students rotating through general practice as part of their training, there is little if any funding available to support other health disciplines similarly experiencing general practice. In some cases, nursing and allied health students are being asked to pay for their own practicum clinical placements in general practice (students pay the fee to the university who then

pay the clinical placement fee to the general practice). It is fair to say that the clinical placement model relies on the good will of a general practice to accept and support students through their primary health care clinical experience, which can be burdensome for small private businesses. This is absolutely a situation that needs to change, as enabling as many nursing (and allied health) students as possible to gain positive exposure to general practice and other primary health care settings, is important so that the primary health care system can attract a future health workforce.

APNA would be supportive of any moves by RACGP to request a PIP, similar to that paid for medical students, to support the placement of nursing students in general practices for clinical practicum. APNA can discuss this further with the RACGP and be involved in any negotiations with the Commonwealth Department of Health and the College of Deans of Nursing and Midwifery (CDNM) who have oversight of nursing clinical placements.

This aspect of the RACGP Vision could be further strengthened if it was included in the RACGP Standards for General Practice as an indicator for 'training/teaching' of medical and nursing students.

Funding and supporting a sustainable health system

We strongly agree that a modernised funding model as well as increased funding is required to support high quality general practice.

- APNA supports the RACGP's position for improved funding for health service coordination, comprehensive team based care, general practice infrastructure, quality improvement in general practice, teaching and education in general practice, and patient complexity.
- APNA shares RACGP concerns about price pressures on the community's access to care, especially for vulnerable groups.
- Any changes to funding methods including to specific MBS items must ensure they not only support GPs, but also the operation of general practice overall in terms of ensuring there is sufficient funding for general practice infrastructure and to support its role as an employer of staff, including high quality nursing services, to be able to deliver high quality general practice care. Adequate funding for the operation of general practice is crucial so that employers can pay competitive wages to attract and retain experienced multidisciplinary clinicians as well as administrative staff. Low wages can lead to high staff turnover and loss of corporate memory which is costly for any business. APNA supports better indexation of fees and incentive payments to reflect the actual cost and level of services delivered in general practice.
- General practice is the cornerstone of a solid, effective and efficient health care system and has a crucial role in keeping people well, well managed and out of expensive tertiary care. The RACGP is well recognised as setting the standards for training and high quality care delivery in general practice. APNA supports the RACGP position that general practice itself is a specialty, and that there should be improved recognition of GPs and other general practice clinical team members such as nurses, as working in the specialised general practice field.

Other comment

- We would like to see the Vision look more deeply at the use of the Practice Nurse Incentive Payment (PNIP), being renamed as the Workforce Incentive Payment (WIP) from 1 July 2019. Under the Commonwealth Department of Health PNIP Guidelines (DHS 2017), the PNIP pays for clinician time based on hours worked, without any restriction on the kind of activity undertaken by the clinician (usually a nurse). APNA strongly suggests that this incentive could be much better utilised to capitalise on the skills of the nurse. In 2018, APNA commissioned a financial viability study of its project work in building the capacity of primary health care nurses. This work highlighted that there is an opportunity cost in the use of these Government funds, because general practices can tend to use these funds to remunerate nurses to perform administrative tasks that could more efficiently be undertaken by less qualified administrative staff, thus allowing nurse capability for clinical work can be capitalised on. The study made a number of recommendations including:

- That the Australian Government review the PNIP Guidelines with a view to tying the funding to nursing *clinical* activities"; and
- That the Australian Government increase or redirect block funding through the PNIP to support nursing clinical activities.

Such an **enhanced PNIP (soon to become the WIP) applied in this intended context, would be part of the funding solution** for enhanced nurse activity within a team-based, patient-centred model of care, along with other funding methods such as block funding or a bundled payment approach such as is being trialled under the Health Care Homes program. This would provide a greater incentive to general practices to more flexibly utilise the full range of skills of their nurses to support general practice objectives and enhance patient care.

I look forward to meeting you in person, and would be happy to discuss any aspect of our response with you.

Yours sincerely

Ms Karen Booth
APNA President

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