APNA Response to:

Medicare Benefits Schedule Review

Report from the Participating Midwives Reference Group

June 2019

About APNA

The Australian Primary Health Care Nurses Association (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.

www.apna.asn.au

Our Vision

A healthy Australia through best practice primary health care nursing.

Our Mission

To improve the health of Australians, through the delivery of quality evidence-based care by a bold, vibrant and well supported primary healthcare nursing workforce.

Contact us

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Table of Contents

Contents

Introduction

The Australian Primary Health Care Nurses Association (APNA) welcomes the opportunity to contribute to the consultation regarding the *Report from the Participating Midwives Reference Group (PMRG),* as part of the Medicare Benefits Schedule (MBS) Review.

We are providing this submission on behalf of our membership of Australian primary health care nurses.

Background

Primary health care nurses are the largest group of healthcare professionals working in primary health care. In Australia, more than 78 000 nurses work outside of the hospital setting in primary health care (Department of Health 2019a) including nurse practitioners (NPs), registered nurses (RNs), enrolled nurses (ENs) and registered midwives (RMs). These nurses are skilled, regulated and trusted health professionals working in partnership with the multidisciplinary team and their local communities to prevent illness and promote health across the lifespan. They work in a range of clinical and non-clinical roles, in urban, rural and remote settings including:

- general practice
- residential aged care
- correctional health (juvenile and adult)
- community-controlled health services
- refugee health services
- alcohol and other drug rehabilitation services
- primary mental health services
- health promotion services
- antenatal clinics and maternal child health services
- domiciliary settings – in the home, custodial/detention settings, boarding houses and outreach to homeless people
- educational settings – including preschool, primary and secondary school, vocational and tertiary education settings
- specialist practices including skin and cosmetic clinics
- occupational settings – occupational health and safety and workplace nursing
- informal and unstructured settings – including ad hoc roles in daily life, such as sports settings and community groups

The role of nurses and midwives in primary health care is increasing nationally and internationally, as it is being seen as essential to achieving improved population health outcomes and better access to primary health care services for communities. A broader role for nurses and midwives enables health services to provide expanded and more comprehensive models of care that address healthy living across the life course, and which offer an opportunity to reduce demand on the acute hospital sector (ANF 2009).

About the review

APNA supports the goals of the MBS Review to deliver:

- Affordable and universal access
- Best practice health services
- Value for the individual patient
- Value for the health system

APNA understands that the MBS Review Taskforce is currently seeking feedback and comments from key stakeholders in the primary care sectors on the Reports of Primary Care Reference Groups (PCRG) – in this case that of the PMRG .

In particular we understand that the MBS Review Taskforce is seeking views on:

1. The Recommendations made in the reports – agreement/disagreement and any relevant evidence to support arguments;
2. Any aspects of primary care that have not been considered as part of the report that may be considered to require further investigation.

We are aware that this feedback will inform the final *Report from the PMRG* which will be provided to the MBS Review Taskforce to consider and make recommendations to the Minister for Health, for consideration by Government.

APNA Submission

There are over 4 000 midwives working in community settings (Department of Health 2019b), providing an important role in the delivery of antenatal care for women. APNA is contributing to this consultation to bring focus to the need for the MBS Review Taskforce to consider how to better fund the participating midwife role, to unlock their capacity to provide women with improved access and expanded choice of antenatal care from regulated, registered health professionals in the form of the midwifery continuity of care model.

APNA's overarching view of the Medicare Benefits Schedule Review

- The MBS Review presents a unique opportunity to directly address unmet health needs of the Australian population, by making progress toward a **contemporary Australian universal healthcare system** that is outcomes-focused and value-based (AHHA 2017).

- APNA endorses the work of the General Practice and Primary Care Clinical Committee (GPPCCC) and supports the recommendations made by this committee, and the patient-centred approach to care that underpins them. APNA urges the GPCCC to scrutinise how the MBS funding model might be redesigned to more effectively **harness the full potential of all healthcare professionals including participating midwives.** In the face of likely health workforce shortages and changed healthcare challenges, the **health workforce must realign** to deliver better access to the skilled and evidence-based care now required by the population (Leggat 2014).

APNA's overarching view of the Participating Midwives Reference Group recommendations

- As for all registered health care professionals, barriers preventing participating midwives from working to their full scope of practice must be challenged to improve the efficiency and effectiveness of the Australian health care workforce to meet the needs of the population (Leggat 2014).

- The current MBS financing structure constrains participating midwives and the midwifery continuity of care model, limiting the ability of midwives to initiate and lead care that falls within their scope of practice. To facilitate the utilisation of the midwifery workforce in primary health care, a reimagined funding model is required.

- There is quality evidence demonstrating that midwife-led continuity of care models can provide care with benefits for women including being more likely to have a spontaneous vaginal birth, being less likely to have epidural analgesia, episiotomies or instrumental births, and it also finds that satisfaction levels of women with midwife-led continuity of care are high (Sandall et al 2016; Homer 2016).

- APNA endorses each of the twelve recommendations articulated by PMRG, as a means by which to provide women with improved access and expanded choice of antenatal care from regulated, registered health professionals in the form of the midwifery continuity of care model. APNA supports all registered health care professionals working to their full, regulated scope of practice and according to best practice standards. Australian midwives have well-defined regulations of international standard, which have been in place in Australia for many years.

- APNA particularly supports the twelve recommendations to expand the MBS rebatable midwifery continuity of care model for Aboriginal and Torres Strait Islander women and other women living in rural and remote areas of Australia. The Maternity Service Review conducted in 2009 (Commonwealth of Australia 2009) found early antenatal engagement with Aboriginal Torres Strait Islander women by nurses and midwives providing culturally competent care, considerably improved maternal and child outcomes amongst this population (Commonwealth of Australia 2009). Supporting "birthing on country" is a significant aspect of this. While there has been suggestion at the government level that infrastructure and an appropriately skilled workforce will be put in place to support this in the National Maternity Services Plan 2010 (Department of Health and Ageing 2011), in fact little has changed and if anything health care services in rural and remote areas have closed, requiring women to attend major cities for maternity/obstetric care. The PMRG recommendations are an opportunity to address this access issue and provide safe birthing choices for women, and to subsequently improve maternal outcomes for these population groups.

- In March 2019, APNA supported Australian College of Midwives (ACM) correspondence to the MBS Review Taskforce, regarding the deletion of the PMRG recommendation that the mandated requirement for collaborative arrangements be removed. APNA supports the removal of collaborative arrangements for midwives. There is little evidence that forced collaborative arrangements have any benefit for care. Nurses and midwives are the only health professionals required to work under such restrictions. Midwives have a rigorous framework in place via the Nursing and Midwifery Board of Australia and the Australian College of Midwives to guide midwifery care (ACM 2019). Midwives must have their own professional indemnity insurance as part of their registration, and this is not tied to formal arrangements with doctors. Allied health roles are not forced into collaborative arrangements to oversee their practice. In the case of participating midwives, the requirement for such arrangements shift the power of decision-making and choice regarding pregnancy care away from the woman and their families to be able to select the type of care and birthing model that suits their personal and cultural needs.

- APNA also notes that the "[c]onsumer representatives in the Reference Group stressed the importance of a 'woman-centred' approach that optimises the environment for her and her growing baby in a way that is important to her and her family." We highlight the following points in particular, from page 11 of the *Report from the PMRG*:
    - Consumers want better access to strengthened midwifery practice in Australia, so that all women, regardless of their location or personal circumstances, have the choice to access a model of care that is safe and consistently evaluated to result in birth outcomes equal or superior to other models of care. Mothers want real birthing choices and support along their journey through pregnancy and into parenthood.

- Women want control of their care experience, and the opportunity to build trust with a known midwife, which lessens apprehension during pregnancy and ensures a mother's birth preferences are supported.

APNA's response to specific Participating Midwives Reference Group recommendations

We now provide APNA's feedback on the twelve recommendations contained within the *Report from the PMRG*.

Antenatal attendances:

Recommendation 1 – include a minimum time for initial antenatal attendances and align the schedule fee with average attendance duration

Recommendation 2 – amend the antenatal attendance items to appropriately reflect the time they take and introduce a new time tier for long antenatal attendances

APNA agrees with these recommendations. APNA supports all registered health care professionals working to their full, regulated scope of practice and according to best practice standards. As the PMRG discuss in their report, the MBS must support the professional application of best practice guidelines to optimise high quality and high value care for patients and the health care system.

Recommendation 3 – introduce a new item for complex antenatal attendance leading to a hospital admission

APNA supports this recommendation. APNA supports all registered health care professionals working to their full regulated scope of practice and according to best practice standards.

Recommendation 4 – restrict claiming of maternity care plans to instances where a woman has had at least two prior antenatal attendances

APNA supports this recommendation.

Intrapartum Care:

Recommendation 5 – change the time-tiering structure of intrapartum items to facilitate safe birthing and an earlier handover to a second midwife, if necessary

APNA supports this recommendation, in the interests of safe and quality care for women giving birth and also to support the health and safety of midwives in the workplace.

Recommendation 6 – increase per-minute rebates for intrapartum items

APNA supports this recommendation, for the reasons listed in the PMRG report. With reported demand for the midwifery continuity of care model, increasing the financial viability of this apparent high value care model is necessary so that this choice of care can be sustainably offered to pregnant women.

Recommendation 7 – enable intrapartum items to be claimed from the commencement of midwifery attendance with the woman for labour care (i.e. outside of hospital)

APNA agrees with this recommendation.

Recommendation 8 – include homebirth in intrapartum items for women with low-risk pregnancies

APNA supports this recommendation. APNA supports all registered health care professionals working to their full regulated scope of practice and according to best practice standards.

Every year, families choose to birth their baby at home – some with the care of a participating midwife, some with a non-regulated midwife, some through a public hospital program, and some with no professional care or support (freebirth).

As mentioned earlier, there is a rigorous framework in place for midwifery care which includes the management of low risk pregnancies and home births. However access to homebirths as a safe birthing option for women with low risk pregnancies, supported by registered, regulated participating midwives is currently constrained. This is due partly due to this care is not being rebatable, with many women being unable to afford the out-of-pocket expenses of this care option. If this recommendation were to be implemented, it would improve access to safe homebirths for women who deliver their baby this way, be this through choice or necessity. This is the case for all women but particularly for Aboriginal and Torres Strait Islander women to provide access to safe, high quality maternity care and support to “birth on country”.

Postnatal attendances:

Recommendation 9 – amend the postnatal attendance items to appropriately reflect the time they take and introduce a new time tier for long postnatal attendances

APNA agrees with this recommendation. As the PMRG discuss in their report, the MBS must support the professional application of best practice guidelines to optimise high quality and value care for patient & the health care system.

Given the common process of discharging woman from hospital 4-6 hours post birth, APNA particularly supports that access to this follow up support is required under the midwifery continuity of care model to provide relevant clinical support and important education to mothers about bathing, feeding etc. post birth.

APNA agrees with the recommendation of a new item 821EE (long postnatal professional attendance by a participating midwife, lasting at least 90 minutes), particularly to provide access to specialised

clinical assessment and education for mothers who are having significant issues with breast feeding. However, as with recommendation 1 to introduce new item 821AA, APNA would like to see a review of item 821EE (if implemented) at 12-24 months, to evaluate that high value care is being delivered against this item.

Recommendation 10 – include mandatory clinical components and increase the minimum time for a six-week postnatal attendance

APNA agrees with this recommendation. As we have stated for other recommendations, the MBS must support the professional application of best practice guidelines for high quality and value care for patients and the health care system. This particular recommendation is important in that this time point of postnatal care is a vital handover point to other primary health care professionals of both mother and baby. Uploading of a mother and baby's health summary to My Health Record, with the mother's consent, would be important to complete at this care transition.

Telehealth attendances:

Recommendation 11 – include general practitioners (GPs) as eligible specialists for existing telehealth items

APNA agrees with this recommendation, for the reasons listed in the PMRG report.

Recommendation 12 – facilitate telehealth consultations between women and midwives in the antenatal and postnatal period

APNA agrees with this recommendation. Expanding access to midwife services for rural and remote populations is an important high value option for the MBS to fund. Evidence referred to by the PMRG report indicates there is a relationship between distance to maternity services and poorer clinical and psychosocial outcomes. This is also important for Aboriginal and Torres Strait Islander population. APNA agrees that there needs to be a health practitioner on the patient side during this attendance, to ensure this is of high value.

APNA members working in rural and remote areas, who are midwives providing limited midwifery care under shared-care obstetric models with the GPs they work with, have reported that they would find such improved access to telehealth valuable. This would enable them to assist the women they are working with to develop a relationship with city-based participating midwives early on in their pregnancy, this relationship being an important aspect of the midwifery continuity of care model.

Concluding comments

APNA believes that barriers preventing primary health care nurses and midwives, in this case participating midwives, from working to their full scope of practice must be challenged in order to improve patient outcomes. Primary health care nurses and midwives working to the breadth of their scope will facilitate better outcomes for patients, enhanced productivity, and value for money for health services. APNA supports all registered health care professionals working to their full, regulated scope of practice and according to best practice standards.

APNA endorses each of the twelve recommendations articulated by the PMRG, as a means by which to improve access for women to safe and quality maternity care, particularly for Aboriginal and Torres Strait Islander women and for those women living in rural and remote areas of Australia.

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