



APNA Response to:

Medicare Benefits Schedule Review

Report from the Allied Health 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.

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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 support primary healthcare nursing workforce.

Contact us

APNA welcomes further discussion about this review and our submission. Contact:

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Introduction

The Australian Primary Health Care Nurses Association (APNA) welcomes the opportunity to contribute to the consultation regarding the *Report from the Allied Health Reference Group (AHRG)*, 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 2019) 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

Nurses frequently work, and interact with, a broad range of health professionals, including allied healthcare professionals. They do this while providing team based care, referrals and assisting patients to navigate their health care and the systems that provide it.

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 AHRG.

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 AHRG* 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

The nurse role in primary health care is essential to achieving improved population health outcomes and better access to primary health care services for communities. Considering this and with more than 13,000 nurses in general practice (Department of Health 2019), primary health care nurses have a key role in the delivery of care within general practice and the multidisciplinary team-based approach to care that is required for optimal management of complex chronic disease.

Primary health care nurses are key to the development and implementation of *patient-centred* GP Management Plans (GPMP), particularly due to their care facilitation/coordination skills including liaising between the patient and the multidisciplinary team, follow up to ensure GPMP implementation, and coordination of the review process.

APNA is contributing to this consultation regarding the *Report from the AHRG* from this perspective.

APNA's overarching view of the MBS Review

- The MBS Review presents a unique opportunity to directly address unmet health needs of the Australian population, especially the needs of patients with chronic disease, by making progress toward a **contemporary Australian universal healthcare system** that is outcomes-focused and value-based (AHHA 2017).
- **Multidisciplinary team-based care is required for optimal management of chronic health conditions** (Freund 2015). The importance of this should not be undersold, as less reliance on GP fee-for-service visits at the centre of the general practice funding model will result in improved healthcare access and better value care for all Australians. **Funding models for primary health care must reflect this.**
- The **current fee-for-service MBS funding model poses challenges to such a contemporary healthcare system** (Willis 2006; Cashin 2015). In some contexts, particularly urban areas, a continuation of current fee-for-service models operating primarily through general practice contexts is sensible. However, block-funding models will also be required to supplement fee-for-service models in contexts where access to GPs is impractical or difficult to provide.
- 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 GPPCCC to scrutinise how the MBS funding model might be redesigned to more effectively **harness the full potential of key healthcare professionals**, who can play a key role in bridging the gap in the delivery of primary health care in underserved populations. As in the face of likely health workforce shortages and changed healthcare challenges, the **health workforce must realign itself** to deliver better access to the skilled and evidence-based chronic disease management now required by the population (Leggat 2014).

APNA's overarching view of the Allied Health Reference Group recommendations

- APNA believes that barriers preventing allied health professionals 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).
- APNA supports each of the eighteen key recommendations articulated by the AHRG, taking the view that they have strong potential to contribute to improved access to best practice, value-based health care for Australians, from regulated, registered health professionals.
- APNA supports the evaluation of any changes made to the MBS at the 12-24 month point in order to assess:
 - Does the care provided under any new, or amended, item number represent high value for the individual and for the health care system
 - How this item is accessed e.g. frequency, geographically
 - Whether the benefits of the care provided exceed the increased cost to the health care system
- APNA also broadly supports the submission being made by the Allied Health Professions Australia (AHPA).

APNA's response to specific Allied Health Reference Group recommendations

With specific reference to the eighteen recommendations contained within the *Report from the AHRG*, APNA holds the following views:

Recommendation 1 – encourage comprehensive initial assessment by allied health professionals

APNA agrees with this recommendation as put forward by the AHRG.

If this recommendation is implemented, the proposed new item number (109AA) should be reviewed at 12-24 months, to evaluate the impact of any change in terms of improving the quality of the health care system and for financial impacts on individuals, clinicians and the health care system.

Recommendation 2 – expand allied health involvement under team care arrangements

APNA agrees with this recommendation in principle as it supports access to multidisciplinary care for patients with chronic disease.

The need for further allied health access could be guided by a patient's GP or lead clinician, based on best practice guidelines for conditions such as diabetes, chronic pain or stroke.

Again, any expansion should be reviewed at 12-24 months, to evaluate the impact of such an expansion in terms of improving the quality of the health care system and for financial impacts on individuals, clinicians and the health care system.

Additionally, primary health care nurses are aware from their interaction with patients, that cost is a barrier to accessing important ongoing allied health input that may improve the management of chronic health conditions. This is particularly the case for marginalised, underserved and vulnerable patient groups, who often have high need and complex presentations. APNA supports this recommendation as it has the potential to reduce preventable disease progression through lowering barriers to access and encouraging evidence-based use of allied health.

NB: As the MBS Taskforce would be aware, the *General Practice and Clinical Care Committee* (GPPCCC) has recommended combining item 721 (GP Management Plans) and item 723 (Team Care Arrangements), with allied health items to be linked to GP Management Plans (GPPCCC recommendations 4 and 5).

Recommendation 3 – improve access to orthotic or prosthetic services

APNA agrees with this recommendation.

Recommendation 4 – incentivise group therapy for chronic disease management

APNA supports exploration and/or trialling of methods such as a Practice Incentive Payment (PIP) to support group therapy for chronic disease management, so that this is sustainable for allied health professionals to deliver. There is sufficient evidence of benefit to the health care system of this approach including cost effectiveness and increased service access at the population level.

Recommendation 5 – understand the effectiveness of group allied health interventions

APNA supports this recommendation, to further inform recommendation 4.

Recommendation 6 – improved access to paediatric allied health assessments

Recommendation 7 – improve access to complex paediatric allied health assessments for children with a potential ASD, CND or eligible disability diagnosis

Recommendation 8 – encourage multidisciplinary planning for children with a potential ASD or eligible disability diagnosis

Recommendation 9 – improve access to M10 treatment items as group therapy

Recommendation 10 – improve access to M10 items for patients with severe speech and language disorders

Recommendation 11 – improve access to the ASD and eligible disability assessment to people under 25

Recommendation 12 – improve allied health collaboration during assessments

APNA supports recommendations six to twelve, to increase and enhance access to important allied health expertise for children with disabilities, where they are not eligible for the National Disability Insurance Scheme (NDIS).

If these recommendations are implemented, relevant item numbers should be reviewed at 12-24 months, to assess the impact of such an expansion in terms of improving the quality of the health care system and for financial impacts on individuals, clinicians and the health care system.

Longer term recommendations:

Recommendation 13 – support the codifying of allied health research and evidence

APNA agrees with the principle of this recommendation. Such work will allow for important evaluation work to occur to link service provision to health outcomes, to inform policy decisions regarding the delivery of efficient and effective, outcomes focused, value based health care.

Work to determine how to codify the activity of all primary health care professionals, including the primary health care nursing workforce, must also be undertaken, which APNA commented on in its response to the *GPPCCC report*.

The establishment of an allied health research base and research capacity should occur in collaboration with that for primary health care nursing, and in line with other work that is occurring nationally such as the development of the Primary Health Care Data Asset and as part of a national health workforce strategy.

Recommendation 14 – improve access to allied health services via telehealth

APNA agrees with the two components of this recommendation – to gather national evidence to support telehealth interventions and to increase flexible access to allied health services for Australians living rurally/remotely, with the restriction that the allied health professional must be a primary health care provider for the patient, defined as having had at least two face-to-face consultations with the patient.

APNA strongly supports improved allied health access for rural/remote populations via telehealth, providing that, as stated in the *Report from the AHRG*, “allied health professionals can deliver the same outcomes via teleconference as in face-to-face consultations to ensure that there is no compromise in service delivery or standard of care”. APNA would like to see this based on evidence, to ensure this access meets the goals of value for the individual patient and the health system.

Recommendation 15 – pilot non fee-for-service allied health payment models

APNA agrees with this recommendation.

Recommendation 16 – enhance communication between patients, allied health professionals and GPs

Primary health care nurses should be included in this recommendation, as they are a key part of the multidisciplinary team-based approach to care that is required for optimal management of complex chronic disease. Primary health care nurses are key to the development and implementation of *patient-centred* GP Management Plans (GPMP), particularly due to the care facilitation/coordination skills they utilise, which includes liaison between the patient and the multidisciplinary team, follow up to ensure GPMP implementation, and coordination of the review process.

Primary health care nurses should also be included in the statement made under this recommendation:

“[Invest] in a CDM pathway education campaign for allied health professionals and GPs (especially if the MBS Review results in significant changes). This should promote shared decision-making, which integrates a patient’s values and care goals with the best available clinical evidence in order to make treatment decisions.”

Any education campaign must include the full multidisciplinary team.

APNA agrees with part (b) of this recommendation.

Recommendation 17 – allow non-dispensing pharmacists to access allied health items

APNA agrees that non-dispensing pharmacists should be able to access allied health items. This will further support the management and review of sometimes complex medication regimes for patients with chronic health conditions, reduce the associated known risks of poor medication management and its contribution to hospital presentations.

Recommendation 18 – expand the role of allied health in the Australian public health care system

APNA agrees with this recommendation. Adequately funded, team-based, patient-centred care is required for optimal management of chronic health conditions.

APNA highlights that primary health care nurses also have a significant contribution to make with regards to preventative health, particularly in screening for risk factors for chronic disease and are an important part of the pathway for referral to allied health for intervention regarding identified risk factors. This should be explored as part of any focused work under this recommendation.

APNA also suggests that in order to reflect a team-based, patient-centred approach to care, the proposed GP Primary Prevention Plan would be better named e.g. Patient Prevention Plan, so it is not discipline-specific, and most importantly, to ensure that it has more meaning for the patient.

Concluding comments

APNA believes that, as for primary health care nurses, barriers preventing allied health professionals from working to their full scope of practice, must be challenged in order to improve patient access, and ultimately, their health outcomes. Enabling all health care professionals to work to their full scope facilitates better outcomes for patients, enhanced productivity, and value for money within the healthcare system.

APNA endorses the work of the AHRG and supports the intent of each recommendation, however emphasises that if implemented, the proposed changes and new items must be reviewed at 12-24 months, to evaluate the impact of such an expansion in terms of improving the quality of the health care system and for financial impacts on individuals, clinicians and the health care system.

AHPA has been consulted by APNA in the forming of this submission. APNA broadly supports the AHPA position.

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