

Nurse Clinic Financial Viability



ORGANISATIONAL

Stable workforce – Clinics with a stable nursing, medical, allied health and administrative workforce may find it easier to plan and operate clinics than those without.

Size of nursing workforce – Clinics with a larger nursing workforce may find it easier to set aside time to operate clinics alongside other nursing duties in practices promoting sustainability.

A team of skilled clinic staff – Clinics that can train and delegate multiple staff to work in the clinic have less impacts from staff leave or turnover.
Multiple staff also provide new nursing perspectives which facilitate continuous improvement for the clinic.

Smaller nursing workforce – Clinics with limited staff may need to redirect staff away from other activities to operate the clinic, leading to potential conflicts within the organisation.

Organisational Support – Clinics are more likely to be successful in environments where there is managerial support and informal governance arrangements.

Salary rates – these may vary across different primary health care settings and can impact either positively or negatively on recruitment and retention strategies.

FACTORS THAT INFLUENCE NURSE CLINIC FINANCIAL VIABILITY

Evaluation has shown that paying attention to one or more of the following factors will improve nurse clinic viability.

FINANCIAL VIABILITY LEVRS

- ▲ Factors that may increase financial viability
- ▼ Factors that may decrease financial viability
- Neutral factors (or factors that may increase or decrease financial viability)



REVENUE



Block funding – Clinics that apply a portion of block funding to their budget are more likely to be viable than fee-for-service-only clinics.

100% bulk billing is not viable for more holistic care – It may be a business strategy for relatively fast throughput health service delivery.

Fee-for-service billing – In many circumstances, will not support clinic financial viability because the nature of the clientele means they may not be able to afford ongoing fees for service.

NATURE OF CLIENTELE



Limitations of Medicare billing – Clinics able to bill Medicare items that attracted high levels of remuneration may be in an advantageous position (for example health assessments, mental health treatment and care planning), however not all clientele are eligible to receive funding for these.

Socioeconomic status – Clinics in areas of lower socioeconomic advantage may have fewer opportunities for success compared to clinics in areas of higher socioeconomic advantage that are able to charge fees to support the viability of the clinic's care