Australian Nursing & Midwifery Federation

Submission to Productivity Commission Consultation on Issues Paper Human Services: Identifying sectors for reform

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The industrial and professional organisation for Nurses, Midwives and Assistants in Nursing in Australia

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Executive summary

The Australian Nursing and Midwifery Federation (ANMF) welcomes the opportunity to make a submission to the Productivity Commission's consultation on *Human Services: Identifying sectors for reform.*

This ANMF submission focusses on our contention that the legislation governing Nurse Practitioners[1] and Eligible Midwives[2] should be amended to enable them to practice in the public primary health care sector. Current legislation and funding mechanisms for these health professionals is anti-competitive and restricts their practice largely to the tertiary and private sector.

Nurse Practitioners and Eligible Midwives have demonstrated they can make a difference to the health and well-being of the Australian community. Evidence confirms consumers have confidence in the care received from Nurse Practitioners[3]. As regulated health professionals, the practice of Nurse Practitioners and Eligible Midwives is governed by a risk mitigation professional practice framework, to ensure quality and safety of the public. The ANMF argues these clinical expert nurses and midwives are an under-utilised resource in the health and aged care services in this country.

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[1] Definition of Nurse Practitioner in *Registration Standard Endorsement as a Nurse Practitioner (2016):* "Nurse practitioner is an advanced practice nurse endorsed by the NMBA who has direct clinical contact and practises within their scope under the legislatively protected title 'nurse practitioner' under the National Law". Retrieved on 22/07/2016 from the Nursing and Midwifery Board of Australia (NMBA) website: http://www.nusingandmidwiferyboard.gov.au

[2] An Eligible Midwife is one who meets the requirements of the NMBA and renders a Medicare rebateable service in a collaborative arrangement or collaborative arrangements of a kind or kinds specified in the regulations, with one or more medical practitioners, of a kind or kinds specified in the regulations. From 1 November 2010, Medicare benefits have been payable for antenatal, intra-partum and postnatal services (up to 6 weeks post delivery), provided by eligible privately practising midwives working in collaboration with a specified medical practitioner. Eligible midwives can request certain pathology and diagnostic imaging services for their patients and refer patients to obstetricians and paediatricians, as the clinical need arises. To provide services under Medicare, midwives must meet the eligibility requirements for the Medicare Benefits Schedule (MBS) items, and be registered with Medicare Australia. Retrieved on 22/07/2016 from the Department of Health Medicare website: http://www.health.gov.au/internet/main/publishing.nsf/Content/midwives-nurse-pract-qanda#1

[3] Allnutt, J., Allnutt, N., McMaster, R., O'Connell, J., Middleton, S., Hillege, S., et al. 2010. Clients' understanding of the role of nurse practitioners. *Australian Health Review*: A Publication of the Australian Hospital Association. 34(1): 55-65.

With the increasing age of our population and increasing rates of chronic and complex disease, we need to re-think the way primary health care is delivered. Nurse Practitioners, Eligible Midwives, mental health nurses and Diabetes Nurse Educators can be key to this change. The Australian health system needs to provide the option for these clinical expert nurses and midwives to contribute their intrinsic care: delivered to meet the needs of individuals and the community; and, which addresses the social determinants of health and how these affect the community's health.

There is urgent need and immense benefit in reforming primary health care in Australia to optimise the expert and effective roles of Nurse Practitioners, Eligible Midwives, mental health nurses and Diabetes Nurse Educators. There is strong potential not only to deliver improved health outcomes for the community, but also to impact positively on national productivity through the best employment of these nurses and midwives.

The ANMF, therefore, urges the Productivity Commission to recommend changes to legislation and public funding instruments to open the way for Nurse Practitioners, Eligible Midwives, mental health nurses and Diabetes Nurse Educators to be able to practice in the public primary health care sector. This would create greater health care consumer ('user') choice and improved timeliness of access by the community to health care, especially those currently under-served population groups.

Introduction

Established in 1924, the Australian Nursing and Midwifery Federation (ANMF) is the largest professional and industrial organisation in Australia for nurses, midwives and assistants in nursing, with Branches in each State and Territory of Australia. The core business of the ANMF is the professional and industrial representation of our members and the professions of nursing and midwifery.

With a membership which now stands at over 249,000 nurses, midwives and assistants in nursing, our members are employed across all urban, rural and remote locations, in both the public and private health and aged care sectors.

The ANMF takes a leadership role for the nursing and midwifery professions by participating in the development of policy relating to: nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, workplace health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

Nurses and midwives together comprise more than half the total health workforce. They are the most geographically dispersed health professionals in this country, providing health care to people across their lifespan and in all socio-economic spheres. The fact that nurses and midwives form the largest component of the health and aged care workforce is especially evident in primary health care settings. The ANMF maintains that positioning primary health care at the centre of health policy will lead to significant improvements in health for all people in Australia, and through all stages of life. Further, there is potential for Nurse Practitioners, Eligible Midwives, mental health nurses and Diabetes Nurse Educators to be used more extensively across the spectrum of primary health care services, in all geographic locations, to greatly improve access and timeliness of care to individuals and communities.

Identifying human services for reform

The ANMF identifies the human services that are best suited to increased application of competition, contestability and user choice are those found in the primary health care sector. As stated, it is the firm view of the ANMF that a well-structured and well-resourced primary health care sector should be central to Australia's health care system.

An effective primary health care system is one which is: accessible to all communities, culturally appropriate, involves community participation, is adequately funded to support the services needed to be delivered to meet the communities' health and aged care needs, and, to support the educational and ongoing professional development requirements of the health care professional team. Embedding a well-established primary health care sector within the country's approach to health care has a twofold benefit in that there is reduced demand on the acute care sector while at the same time improvement to health outcomes and population health and well-being.

Primary health care settings, include, but are not limited to: homes, schools, communities (including maternal and child health), general practice, local councils, offshore territories, aged care, retrieval services, rural and remote communities, Aboriginal and Torres Strait Islander health services, the armed forces, universities, mental health facilities, occupational health, sexual health, and women's and men's health. ANMF members practice in all of these settings.

Nurses and midwives provide vital early intervention, prevention, health promotion, acute and chronic disease management health care services across all the identified primary health care settings.

Nurse Practitioners and Eligible Midwives

At present Nurse Practitioners and Eligible Midwives play a limited role in primary health care settings, due to legislative and regulatory restrictions. While legislation introduced in November 2010 gave Medicare provider rights to Nurse Practitioners and Eligible Midwives, this was only for working in private practice and in collaboration with a medical practitioner.

The ANMF contends these restrictive practices lead to reduced access to timely care for the public, with consequent compromised health outcomes for the Australian community.

The roles of Nurse Practitioners and Eligible Midwives sit at the pinnacle of nursing and midwifery practice in this country. Registered nurses and midwives who choose to further their careers through the Nurse Practitioner or Eligible Midwife pathways are those who have developed expertise either in a specific area of clinical practice or in the broader focus of primary health care. They are regulated health care professionals who provide care in multidisciplinary teams with other health professionals. Legislation and regulation guide their nursing and midwifery practice. As qualified licensed professionals they are held accountable and responsible for their practice by the Nursing and Midwifery Board of Australia, whose role is to protect the public, as is the case for all other regulated health professions.

Registered nurses and midwives who undertake Nurse Practitioner and Eligible Midwife programs have demonstrated safety and competence to practice at an advanced clinical level, and a commitment to provide accessible health and aged care for the community.

The Nurse Practitioner and Eligible Midwife roles are differentiated by their expert practice in clinical assessment, prescribing, referral and diagnostics. These broader practice modalities are enshrined in state and territory legislation. While there are almost 1400 authorised or endorsed Nurse Practitioners in Australia, only around half of these nurses are employed in Nurse Practitioner positions and even less are practising to the full scope of their role. Eligible Midwife numbers are smaller at 237. Some of the restrictions on Nurse Practitioner and Eligible Midwife practice are the lack of positions in the public sector outside of the tertiary setting and private practice; an inability for patients to receive subsidised medicines if prescribed by a Nurse Practitioner or Eligible Midwife (as distinct from a medical practitioner) in the public sector; and, an inability to receive rebates from Medicare for Nurse Practitioner or Eligible Midwife services, thus limiting their practice and reducing patients' access to affordable, high quality primary health care.

Nurse Practitioners and Eligible Midwives in primary health care will not replace other health professionals but will (and in fact already do) provide a unique service that they are well prepared and qualified to offer. Extending this service will enable the community to access a level of primary health care, including chronic disease management, that is currently not available to the Australian population.

The Productivity Commission study to identify sectors of human services which could be reformed presents the opportunity to think about a model of primary health care which includes a multidisciplinary model offering comprehensive, person-centred primary health care services. For the sake of timely health care for our community, this opportunity must not be wasted.

Barriers in current system

The current systems for health funding in Australia create serious barriers to effective health promotion and chronic disease management, and limit effectiveness in terms of equity, access and value for money. Major reform is needed to achieve models of care that are based on the best available evidence; are efficient and cost effective; are measured and provide for positive health outcomes and sustainable service delivery. Funding models should support sound health policy designed to meet population needs, and be more responsive to the range of health professionals who can safely and competently be engaged in all aspects of the primary health care sector.

For Nurse Practitioners and Eligible Midwives to work to the full scope of their practice in the delivery of primary health care services in Australia, historical, professional and legislative barriers must be overcome.

The current healthcare system works well for those who are able to privately fund the total cost of their care and therefore receive a package of privatised services that are usually provided by a network of established reciprocal provider pathways. This system is generally navigated by well informed, empowered individuals, who have the skills necessary to make informed decisions and to interpret options with a degree of insight.

The system falls short for people living with chronic and complex health conditions who rely on co-funding for services and who may have to navigate the health systems to piece together a health care package that firstly, might meet their care needs and secondly, which they can afford. This option provides additional challenges for those people who lack capacity due to their mental health issues, or are socially or culturally disadvantaged, such as those with special needs due to cultural or language barriers, intellectual disability and chronic and complex conditions, or Aboriginals and Torres Strait islander peoples.

The ANMF considers there is a serious gap in the primary health care system created by the funding mechanisms. The focus is on general practice instead of the central focus being on the person requiring care and where services can best be situated to meet care needs. The public/private sector mix, the jigsaw puzzle of funding mechanisms, and funding barriers for some sectors of the workforce, such as Nurse Practitioners and Eligible Midwives, means these health professionals are under-utilised in the primary health care sector. When the full range of health professionals is not used within primary health care, this decreases choice for consumer 'users' of the services and more importantly decreases their access to timely and appropriate care. A variety of responsive forms of service delivery, provided by a range of health professional providers, including Nurse Practitioners and Eligible Midwives, must be available to meet the needs of all people.

Funding issues

The ANMF has concerns about the significant issues related to Commonwealth and State/Territory funding arrangements and agreements which create a gap between primary health care and tertiary (acute) care. Reliance on the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) fee-for-service model, and lack of recurrent funding in this model, means there will be few funds available for health professionals other than a General Practitioner (GP) (to whom funds are currently distributed via the MBS). Unless there is a funding mechanism to support multidisciplinary teams to provide expertise in the area of their clinical expertise, the situation will be created in which health professionals will compete with one another in a fee-for-service environment with no incentive to collaborate, or, where doctors will be the only members of the team.

The current freeze on indexation of all MBS fees, affecting both GPs and Nurse Practitioners, is also of great concern to the ANMF, as it relates to viability of service provision.

Reforms required

In order to facilitate access to Nurse Practitioners and Eligible Midwives a number of structures need to be put in place. There needs to be subsidised funding from the Australian Government for designated Nurse Practitioner and Eligible Midwife positions in the public sector, especially in rural and remote communities; Nurse Practitioners and Eligible Midwives in the public sector need to be given access to MBS to allow for the delivery of comprehensive care, which includes the ability to order diagnostic investigations and refer to other health professionals when required. That is, we request that Nurse Practitioners and Eligible Midwives in the public sector be given 'request and refer' access to the MBS, just as is the case for medical interns. So too there should be a substantial increase in the payment for MBS items for Nurse Practitioners and Eligible Midwives in private primary health care settings, including mental health, to enable them to establish viable and sustainable practice.

In addition there is a need to review current MBS item numbers (and payment) for Nurse Practitioners and Eligible Midwives in private practice. For example,
providing Nurse Practitioners with item numbers for after-hours services (similar to GPs); and, an increased amount of remuneration for all item numbers, including those for simple procedures such as mole removals, skin checks, contraception insertion/removal, hence increasing access for the community to services when required, not just during business hours.

With this Productivity Commission study, an opportunity exists to recommend a reduction in the transaction costs of the current fee-for-service system and de-complicate the funding arrangements for primary health care in Australia. The application of the commercial marketplace in the health context has created some extraordinary distortions that a 'new slate' may correct. For example, those who have been able to pay may have been over-utilising primary health services; while those who have not been able to pay skip the primary health services and end up in a state of collapse in the acute health system, where the social and economic costs are even greater to them and the Australian society.

By equipping Nurse Practitioners and Eligible Midwives with the funding mechanisms for improving access to necessary services for communities, there is also room for expanding on services which can be taken to population groups. There have been examples around the country where nurses or midwives, either alone or with other health professionals, have provided services to people who would not normally access general practices or tertiary facilities. These groups include Aboriginal and Torres Strait Islander communities, non-English speaking background immigrant and refugee groups, the homeless, sexual health workers, and people with mental health issues. Effective interventions have included screening tests, vaccinations, antibiotic therapies, antenatal care, and chronic disease management initiatives including, diabetic testing, and chronic renal and respiratory condition education. However, on-going funding for these intervention programs has not always been guaranteed.

The ANMF strongly supports funding models which provide for positive health outcomes for communities through sound health policy designed to meet population needs. Funding for services, programs, care and treatment must be based on the health needs of the community and be designed to promote the goals of primary health care enabling the promotion of health, maintenance of health, and continuity of care for chronic and complex conditions management; and, funding must allow for the involvement of a range of health care professionals in the care. This model allows for a person to be seen by the right health professional for their needs, in an appropriate place, at the right time - that is, a ‘needs’ driven funding model, not one driven by a particular health care professional.

Providing a blended payment system (mixing fee-for-service, pre-payment and payment for performance with salaried arrangements), in primary health care, to facilitate team based care, is recommended by the ANMF as a means to achieve this integrated model and optimal health outcomes.

Nurses and midwives, as well as some other allied health professionals should have direct access to funding to cover all aspects of their primary health care practice without the process of being 'for and on behalf of’ a third party.

Examples of Nurse Practitioner or Eligible Midwife led primary health care clinics include: clinics to improve the health outcomes of Aboriginal and Torres Strait Islander peoples' mental health, and, chronic disease management – it is well documented that renal, respiratory, cardiac and endocrine chronic conditions are all more prevalent amongst Aboriginal and Torres Strait Islander peoples. In addition, the use of Nurse Practitioners in aged care settings in residential aged care or the community, is invaluable to maintaining the health of our elderly and preventing unnecessary hospitalisation, for issues arising from chronic conditions.

Exemplar of team approach:
Nurse Practitioner Lesley Salem, NSW – a generalist and chronic disease NP who works particularly with Aboriginal and Torres Strait Islander people and those with socioeconomic disadvantage. As a Nurse Practitioner Lesley participates in a chronic disease outreach team program working with a multidisciplinary team of chronic disease nurses, Aboriginal health workers, GPs, and a nephrologist, who visit an Aboriginal Medical Service to provide care to community members living with chronic kidney disease.[4]

Telehealth services

Nurse Practitioners and Eligible Midwives are using electronic and other contemporary forms of telecommunications, such as telehealth, for providing advice, support and referral purposes. Telehealth is being used for people in rural and remote centres to improve access for people to specialists, who are most often located in metropolitan or regional centres. This approach to consultations gives convenience to people with a range of physical and mental issues including complex and chronic conditions, for pre-and post-surgical procedures consultations, and reduces the need for travel (which may be a painful and arduous process for the person, and costly) for investigations or therapy, is better for family members or other carers, and overcomes disadvantage due to geographical location of the person requiring care.

[4] Rural Doctors Network Annual Report 2012-2013. Durri AMS, Proactive abstract. Kidney Disease, p. 67.

The Nurse Practitioner and Eligible Midwife can participate in the telehealth consult and assist the care recipient as they gain access to specialist advice, treatment, monitoring and the most up to date evidence-based therapies. In addition, the Nurse Practitioner and Eligible Midwife can themselves be the specialist on the remote end of a telehealth consult with a person who is at their general practice or aged care facility.

Again, however, amendments are required for appropriate remuneration for the role undertaken by Nurse Practitioners and Eligible Midwives, who act as consultants to a telehealth episode.

Mental Health Nurses and Diabetes Nurse Educators

Two additional examples of anti-competitive behaviour in the primary health care sector which the ANMF wishes to bring to the attention of the Productivity Commission relate specifically to mental health nurses and Diabetes Nurse Educators.

Mental Health Nurses

The Mental Health Nurse Incentive Program (MHNIP) provides a non-MBS incentive payment to community based general practices, private psychiatrist services, Divisions of General Practice, Primary Health Networks and Aboriginal and Torres Strait Islander Primary Health Care Services who engage mental health nurses to assist in the provision of coordinated clinical care for people with severe mental disorders.

The ANMF members working in mental health report that clients accessing mental health care under the Mental Health Nurse Incentive Program (MHNIP) are being provided with a range of services that benefit clients, families and the broader community. The mental health care provision is comprehensive and assists clients to remain in the community reducing the need for hospital admission. The breadth of care includes gaining a better understanding of their illness and developing skills to recognise and self-manage responses to symptoms, educate families about mental illness, improve clients overall health and well-being and support the principles of social inclusion and integration within the community.

Importantly the MHNIP focusses on, and significantly assists clients in, their recovery from mental illness. This provides a unique opportunity for nurses to therapeutically engage with people and fully utilise their mental health nursing skills, incorporating the role of coordination of clinical care. Our members who have been employed under funding from the MHNIP report its success; and their keenness to continue working in a primary health care environment in collaboration with medical professionals and clients.

However, the ANMF does not support the employment conditions which have been imposed by the Australian Government in order to receive funding under the MHNIP. That is, in order to access the MHNIP funding, the mental health nurse must undergo a credentialling process, only available through the Australian College of Mental Health Nurses. This process of credentialling is required, in addition to obtaining a postgraduate qualification in mental health. The ANMF contends credentialling of a nurse, who already holds an appropriate qualification that enables them to work in an area of practice, is an unnecessary and expensive extra step, which in turn impacts on availability of workforce. This is anti-competitive practice which doesn't ensure greater safety and quality, and only serves to compromise care through reduced access to qualified mental health nurses.

The ANMF supports a MHNIP funding mechanism which enables all mental health nurses, who have completed a post graduate mental health nursing program of study offered by a university, to fully utilise their scope of practice so they can deliver timely primary mental health care within all communities.

The ANMF contends there must be improvements in the provision of appropriate, timely and safe mental health and dementia care services in primary health care by the competent mental health nurses already qualified and available for practice, to reduce the occurrence of, and impact of, mental health conditions.

Mental health nurses are involved in early intervention services in primary health care to prevent establishment of mental illness. These nurses consider too that early intervention in a person's journey is critical irrespective of age and across the mental health disease spectrum. An amendment to the criteria for MHNIP funding would go some way to achieving this end.

The Australian Government needs to urgently address the uneven geographic spread of MHNIP services around Australia and strengthen operational guidelines to improve data collection.

Diabetes Nurse Educators

Diabetes Nurse Educators are specialists in chronic disease management for diabetes. According to a recent Access Economics report[5], if diabetes education was available for the entire population of people with diabetes (1,372,577 people), the total averted economic burden could be $6.1 billion per annum. This includes savings from less frequent hospital admissions, emergency presentations, GP visits, and the associated co-morbidities.

[5] https://www.adea.com.au/wp-content/uploads/2014/07/Access-Economics-Report.pdf

Diabetes Nurses Educators are post graduate qualified and are ideally placed to play a key role in the care management of those with diabetes. Diabetes education is estimated to save $2,827 per person with diabetes per annum in direct health system costs spent on diabetes itself, as well as on avoided co-morbid conditions.[6] Diabetes Nurses Educators (nurses able to access the generic Chronic Disease Education Medicare Item Number 10951) have the expertise to provide the essential education required.

Currently, Diabetes Nurse Educators are accessed by clients, following the development of a Chronic Disease Management Plan and referral by a GP. Access to Diabetes Nurse Educators is limited to five sessions per year, with the added limitation of those five visits being shared by all the members of the Allied Health care team. Consequently, Diabetes Nurse Educators compete with podiatrists, dietitians, exercise physiologists and other Allied Health professionals for the referrals which allow their clients to obtain the Medicare Rebate 10951.

Given the demonstrated benefit of diabetes education, the ANF contends Diabetes Nurse Educators should have their own discrete Medicare Item Number to provide the essential education to diabetes clients. The number of visits available should be determined by the Diabetes Nurse Educator in accordance with individual client need.

[6] Ibid

Recommendations

In summary, the ANMF recommends the following actions:

- fund designated Nurse Practitioner and Eligible Midwife positions in the public sector, including in small rural and remote communities,
- provide access to 'request and refer' MBS provider numbers for Nurse Practitioners and Eligible Midwives in the public sector, as is the case for medical interns,
- fund a substantial increase in the payment for MBS items for Nurse Practitioners and Eligible Midwives in private practice to enable them to establish viable and sustainable practice,
- enact amendments enabling appropriate remuneration for the role undertaken by Nurse practitioners and Eligible Midwives as consultants to a telehealth episode,
- introduce Medicare Item Numbers for after-hours services provided by Nurse Practitioners and Eligible Midwives,
- remove the credentialing requirement for qualified mental health nurses to access the MNIP funding, and,
- introduce a discrete Medicare Item Number for Diabetes Nurse Educators with the number of visits being determined in accordance with individual client need.

Conclusion

The ANMF argues there is potential for greater access to primary health care for the Australian community were current anti-competitive practices to be disbanded.

Nurse Practitioners, Eligible Midwives, mental health nurses and Diabetes Nurse Educators should be used more extensively across the spectrum of primary health care services, in all geographic locations. These clinical leaders practice in collaboration with other nurses and midwives, and other health professionals. However, legislative changes are required and reforms to the public funding instruments to open the way for Nurse Practitioners, Eligible Midwives, mental health nurses and Diabetes Nurse Educators, to be able to practice in the public primary health care sector.

This submission highlights that legislation governing Nurse Practitioners and Eligible Midwives should be amended to enable them to practice in the public primary health care sector. Current legislation and funding mechanisms for these health professionals is anti-competitive and restricts their practice largely to the tertiary and private sector. Likewise, funding mechanisms require change to enable access by the community to mental health nurses and Diabetes Nurse Educators.

The ANMF requests the Productivity Commission use this study on reform of human services to make recommendation for the necessary legislative changes and reforms to the public funding instrument to improve user choice by enabling these nurses and midwives to provide timely primary health care, especially to a range of under-serviced population groups.