Nursing in Primary Health Care Roundtable: Report

Parliament House | Canberra

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For the Nursing in Primary Health Care Organising Committee

Introduction

The Nursing in Primary Health Care Roundtable was held at Parliament House, Canberra, on 17 June 2008. The forum was attended by representatives from nursing and medical organisations, senior bureaucrats from the Department of Health and Ageing, and personnel from the office of the Minister for Health and Ageing (Refer Attachment A). The Honorable Nicola Roxon MP, Minister for Health and Ageing, was able to be present during the morning to participate in a panel discussion.

Background

The Nursing in Primary Health Care Roundtable was organised by five national nursing organisations to inform the current debate around health reform and the funding and delivery of primary health care. The forum provided a particular focus on improving consumer access to the safe and effective care that nurses already provide. The aim was to discuss with other health professions the role of registered nurses and nurse practitioners (and the regulatory frameworks that support them) in the delivery of primary health care.

The planning committee included the Australian Nursing Federation, the Australian Practice Nurses Association, the Australian Nurse Practitioners Association, Royal College of Nursing, Australia and the Australian College of Mental Health Nurses. These five organisations developed a consensus statement (Refer Attachment B) in the lead up to the roundtable which provided background to discussions on the day.

Roundtable Overview

The meeting was jointly facilitated by Ged Kearney, Federal Secretary, Australian Nursing Federation and Belinda Caldwell, Chief Executive Officer, Australian Practice Nurses Association.

Throughout the day, invited speakers gave presentations on:

- the evidence for the effectiveness of primary health care nursing roles;
- protecting the public - nursing regulation, legislation and policy; and
- options for funding models

Presentations were followed by facilitated group discussions regarding the barriers, enablers and solutions for nursing roles in primary health care.

The Minister for Health and Ageing, the Honorable Nicola Roxon MP, contributed to a panel discussion on nursing regulation, legislation and policy. The Minister was supportive of the roundtable and interested in the outcomes of discussions. She emphasised that reforms must provide safe, consumer focused, cost effective health care readily available to all Australians. All parties acknowledged the need for collaborative action in terms of primary health care and workforce reform.

The Roundtable afforded nursing groups the opportunity to provide examples of the benefits that nurses bring to consumers of primary health care and to express their concerns about the historical, professional, legislative and funding barriers that prevent them from providing care to the full scope of their practice. The examples provided demonstrated the capacity of professional nurses to make complex clinical judgements in collaboration with other health professionals in the primary health care setting. The need to improve service delivery models to better utilise the role of registered nurses in primary health care, and the need for improved education and career pathways for nurses in primary health care, were acknowledged.

Nursing organisations were in agreement as to the importance of nurse practitioners being able to access the Pharmaceutical Benefits Scheme (PBS) when prescribing, as part of their role.

In order to deliver appropriate primary health care it was identified that there is a need for a service delivery model that considers the people required to do the work, both the paid and the unpaid health workforce. It is widely accepted in Australia and internationally that multidisciplinary models of care are necessary to deliver comprehensive, consumer-centred primary health care services. It was acknowledged that there needs to be greater inter-professional understanding of the roles of all the health professions in the delivery of health care and the need for health professionals to trust and respect one another. To achieve this and build sustainability in health care, interdisciplinary education and training in effective team work would be required.

The focus of health care must be on the patient journey and ease of access to services for the consumer. The need to shift from a traditional hierarchical health system with knowledge and power vested in the medical professions to a health system where partnerships with consumers and cooperative and collaborative professional practice, was discussed. Shared learning for health professionals and consumers of health services was also seen as necessary to build shared capacity to meet future health needs. This approach acknowledges the vital role of health consumers in effective partnerships with the health system.

There was a general recognition that Australia has a major challenge to deliver effective, equitable health care everywhere for everyone. In order for this to be achieved, approaches to health care delivery and funding needs to be flexible. It was identified that nursing and medical groups had not yet reached consensus in relation to nurse practitioner access to PBS, though participants expressed a willingness to further explore the role of nursing in primary health care and to continue the discourse.

Roundtable Program

Aim

To discuss the role of advanced registered nurses and nurse practitioners in the delivery of primary health care to the population of Australia.

10:00 Welcome and opening remarks: Ged Kearney, Federal Secretary, ANF and

Belinda Caldwell, Chief Executive Officer, APNA

10:10 Introductions / expectations of the day

10.30 Advanced nursing practice from primary care to primary health care - what is the evidence for effectiveness of the role?

Presentation: Professor Desley Hegney

11.00 Protecting the public – nursing regulation, legislation and policy

Panel discussion: Federal Minister for Health, the Honorable Nicola Roxon

MP, Ms Amanda Adrian and Professor Mary Chiarella

12:00 Lunch/Break

12:15 Options for funding models

Presentation: Mr Ian Watts

12:45 Facilitated discussion of barriers, enablers and solutions: Ged Kearney, facilitator

2:30 Facilitated discussion on future directions: Belinda Caldwell, facilitator

3:00 Doorstop / Media Conference

3.10 Close

Overview of Speaker Presentations

Presentation: Advanced nursing practice from primary care to primary health care - what is the evidence for effectiveness of the role?

Professor Desley Hegney

Professor Desley Hegney's presentation explored the advanced practice role in primary health care nursing and examined the evidence for the effectiveness of the role.

There is a broad role and a broad context of practice for nurses working in primary health care. Registered nurses and nurse practitioners are working as school nurses, occupational health nurses, community nurses, general practice nurses, rural nurses, remote area nurses, sexual health nurses, mental health nurses and maternal and child health nurses. None of these roles are new.

Professor Hegney presented the findings of a number of studies, one looking at doctor/ nurse substitution and three looking at nurse-led care in primary care settings. Findings of the nurse-led care studies include:

- health outcomes similar for doctors and nurses;
- high levels of patient compliance and satisfaction; and
- delivery of high quality care.

The role of the nurse will change depending on the practice environment. The way the service is delivered and what is delivered is influenced by many issues including policy, legal, industrial and organisational factors. Primary health care is central to the effective operation of the rest of the health system and should be culturally appropriate, accessible and involve community participation. Our current primary health care service is inefficient, ineffective and unsustainable.

Another primary health care environment is that of the nurse-led clinic. Nurse- led clinics are defined as clinics providing a service for the consumer which is managed and staffed solely by nurses, with the ability to assess or treat and consult or refer the consumer to other health disciplines.

The Joanna Briggs Institute undertook a systematic review and published a best-practice sheet on nurse-led clinics for adults with coronary heart disease. These clinics were reported to focus on health rather than illness and emphasize life management rather than diagnosis and intervention. They also provide a greater scope for autonomy of nursing practice.

Findings of a UK systematic review on nurse-led clinics for adult cardiac patients found that interventions focused on good primary health care (education, assessment, consultations and follow-up). Overall clinical outcomes, quality of life, general health and lifestyle did improve. These clinics are effective and an appropriate adjunct to GP care provided the nurses have adequate training for this role and patient expectations are managed.

An overview of two current studies being undertaken in Australia was provided - the registered nurse in an advanced role in a general practice environment and the nurse practitioner providing care to chronic kidney disease (CKD) patients in an acute hospital in a CKD clinic. These studies have been funded by the Australian Research Council and the National Health and Medical Research Council respectively.

People with chronic diseases are poorly managed in the primary health care environment. The current model where the GP leads the care is unsustainable and alternatives need to be found. There is an opportunity to change the focus in primary health care. More of the health dollar needs to be spent on prevention rather than our illness focused system. There is a need to develop community awareness that health professionals don't only deliver care to those who are 'sick'.

A collaborative model of care is required with health professionals respecting each others roles. Prevention is essential but for patients with early disease, better management is required. This is the role of the nurse.

Panel Discussion: Protecting the public – nursing regulation, legislation and policy

Ms Amanda Adrian

Amanda Adrian spoke about the processes of regulation for the nursing and midwifery profession in Australia. This demonstrated the sound framework that exists to protect the public in the regulation of these professions – with professional conduct, professional performance, and the health of nurses and midwives all able to be monitored and concerns addressed through strong regulatory processes.

Nursing and midwifery practice in Australia is regulated through a range of mechanisms, which include:

- legislation for the registration and licensure of nurses and midwives;
- common and criminal law;
- delegated legislation - regulations, rules, by-laws, notices etc;
- policies - of governments, nursing and midwifery regulatory authorities (NMRAs), employers and professional bodies;
- guidelines and procedures - of governments, NMRAs, employers and professional bodies.

Professional codes of ethics, codes of conduct, professional practice standards and employer policy and practice standards all influence nursing and midwifery practice. All these provide support for nurses and midwives, as autonomous regulated professionals, to determine their own scope of practice – scope of practice being the roles, functions, responsibilities, activities and decision-making that an individual nurse or midwife is educated, authorised and competent to perform.

Professor Mary Chiarella

Professor Mary Chiarella spoke on the role of nurses and midwives in scaling up primary health care, a 2008-2009 project of the Office of Nursing and Midwifery at the World Health Organisation (WHO). Professor Chiarella presented an overview of the compendium of nurse-led primary health care which comprised 37 case studies across 28 countries.

The foci of the case studies were:

- prevention and control of locally endemic diseases
- health promotion
- promotion of food supply and proper nutrition, adequate supply of safe water and sanitation
- maternal and child health immunisation and school health
- appropriate treatment of common diseases and illnesses
- provision of essential medications
- provision of mental health services
- telehealth
- health promotion and illness prevention in chronic disease and with the elderly
- preparation and support of an appropriately qualified primary health care workforce.

The main needs of the populations served in these case studies included: the needs of the chronically ill and elderly; basic social and infrastructure needs; psychological and mental health needs; maternal and child health needs; and acute care needs.

Professor Chiarella identified that, for success, policy infrastructure required democratic engagement and empowerment of both staff and community. Ownership of programs by local communities was fundamental to sustainability and built self-esteem and self-belief. Education and information provision were seen as primary health care cornerstones. Projects needed to have clear goals and to set out unambiguously the expectations of health professional and community members. Successful primary health care projects needed to use evidence-based standards, guidelines and interventions; have access to shared electronic records and the internet for obtaining information; and collect good data on outcomes and demographics.

Key challenges to nurse-led primary health care are a lack of reliable and adequate funding and resources and narrow thinking about the capacity of staff to take on new roles. Nurse-led primary health care requires sustainable funding; access to medications, medical supplies, equipment, textbooks and electronic resources; and appropriately prepared staff.

Presentation: Options for funding models

Mr Ian Watts

Ian Watts explored the issues around funding advanced nursing practice. In primary health care the focus is on the funding. Health professionals, generally, follow economic incentives. However, there are powerful non-economic incentives, especially in a self-regulated environment.

Funding needs to be provided for population health; preventative care; acute care; management of chronic illness; quality assurance/improvement; research; group and individual activities.

Options for funding include:

- fee-for-service;
- capitation;
- salary;
- grant;
- fund complexity/intensity;
- pay for performance.

Fee-for-service encourages volume but there are problems where there are few health professionals and this funding has few levers to encourage quality. Capitation discourages fragmentation of care but is problematic where risk-adjustment is needed. Salary provides security of income but is associated with lower productivity than fee-for-service. Grants provide flexibility and predictability of spend.

Funding provision also needs to address who is funded - patients, individual professionals, practices or communities.

In conclusion, a mixed payment model was recommended. Although it doesn't completely eliminate the problems, it reduces the problems with each mode of funding. It is necessary to consider which models of payment are in the mix, which functions are paid for and which proportion of funding is allocated to each mode.

Nurse Practitioner Vignettes

Elissa O'Keefe

Canberra-based Elissa O'Keefe is the only specialist sexual health nurse practitioner currently working in Australia. Elissa, a nurse practitioner for four years, works from the Canberra Sexual Health Centre at Canberra Hospital with predominantly at-risk young people.

Elissa cited two examples of patient care where the territory and federal legislation were in opposition and the effect that it had on the continuity of patient care. The first was the referral of a young woman to a gynaecologist after the return of an abnormal Pap smear. Elissa is limited in her ability to refer a patient to their gynaecologist of choice. This is because she has no provider number and a patient would not be eligible for a Medicare rebate. Elissa was able to refer to the gynaecologist but the process requires a provider number and is 'underwritten' each time using the senior medical specialist's provider number. This necessitates a case discussion with the specialist for every referral even though the complete episode of care is managed by the nurse practitioner. There is a 'double dipping' of consultations.

The second example was of a gay man with genital herpes who required antiviral therapy to suppress herpes. Elissa is able to prescribe the appropriate medication but without a prescriber number and access to Pharmaceutical Benefit Schedule the cost to the patient is $160 instead of $30. To avert this cost for the patient these cases are discussed with a medical officer who then has to review patient, write an authority script and make a phone call to the Health Insurance Commission for authorisation. In both cases there is an overuse of clinician time just to navigate access to ongoing care. Elissa said that this could be streamlined by aligning the legislation to grant nurse practitioners a provider and prescriber number.

Jane O'Connell

Foundation President of the Australian Nurse Practitioner Association, Jane O'Connell was employed as a nurse practitioner, Emergency Department, at Hornsby Hospital, Northern Sydney from 2004 to 2007.

A nurse practitioner in the NSW Health pilot projects in 1994-1995, Jane would usually see the patients who had long waits and were most likely to leave without being seen. Only 2% of her patients were admitted to hospital and those admitted usually had fractures. The pilot project demonstrated that Jane reduced replication, complaints and waiting times by four hours. Overall, the pilots showed reduced waiting times for category four and five patients from 115 minutes to 23 minutes across the board.

Jane had the right to prescribe under state legislation and was able to do so in the public hospital system but was not able to provide subsidised prescriptions for those patients who were not being admitted to the hospital. Jane could write a script for antibiotics for three days although the state would only cover the first three days, not the full five or seven day course of antibiotics, thereby requiring the patient to go back to their GP. This meant that they would have to get an appointment within those three days or they would start to feel better and decide that they didn't need the rest of the course thereby further building up their resistance to antibiotics and increasing the likelihood of recurrence of symptoms.

Regulatory processes need to facilitate not inhibit practice. There needs to be a move away from guidelines and formularies that restrict practice to a scope of practice for each nurse practitioner specialty, acknowledging the medicines that should be included in a standard formulary for a standard scope.

Where diagnostic tests such as an x-ray for a suspected fracture are ordered by a nurse practitioner the patient is required to pay the full amount. Once diagnosis of a fracture is confirmed, should the patient wish to see an orthopaedic surgeon privately, the nurse practitioner would need to send them back to their GP for referral, causing unnecessary inconvenience and additional cost for the patient.

Speaker Biographies

Professor Desley Hegney is Professor of Nursing in the School of Nursing and Midwifery at the University of Queensland (UQ). She is the Director of the Research and Practice Development Centre (a joint research centre between UQ and Blue Care), which is also known as the Australian Centre for Evidence-Based Community Care – a collaborating centre of the Joanna Briggs Institute. Professor Hegney's work for the last 12 years has focused on the primary care environment. Currently she is leading a team which is examining the feasibility and acceptability of nurse-led models of care in general practice (for chronic diseases) funded by the Australian Research Council. She is also involved in the National Health and Medical Research Council funded CCRE in Cardiovascular and Metabolic Disease which is studying the effectiveness of nurse practitioner nurse-led models of care in the Chronic Kidney Disease Clinic at the Princess Alexander Hospital in Brisbane.

Professor Hegney's extensive involvement in the nurse practitioner movement in Australia includes work for the NSW, Queensland and Victorian Nurses Boards in the accreditation of nurse practitioners in rural areas; and design of the first accredited curriculum for nurse practitioners in a primary care environment (rural nursing). She has published extensively in the areas of nursing workforce issues (both urban and rural) and rural nursing, having had practical experience in this area.

Professor Mary Chiarella's career spans over 30 years both in the United Kingdom and Australia across a variety of nursing services. Currently the Professor of Clinical Practice Development and Policy Research, Centre for Health Services Management, University of Technology, Sydney, she has just accepted a position as Professor of Nursing at the University of Sydney, to commence in July.

Professor Chiarella's provision of professional expertise to health services, organisations and governments over the years, includes: review of professional practice and boundary issues for Justice Health; membership of NSW Law Reform Commission Division Working Group on minor's consent to medical treatment; founding member of Australian Bioethics Association and the Australian Institute for Health, Law and Ethics; current Co-Chair of Clinical Council of the NSW Clinical Excellence Commission; Chair of Advance Care Planning Steering Group, NSW Health; Chair of Australian Nursing and Midwifery Council; and member of the Hospital Alliance for Research Collaboration, a jointly convened group between the Sax Institute and the Clinical Excellence Commission.

Research interests focus on legal, policy and ethical issues in nursing and health care delivery, with examples including an international review of nursing regulation, an examination of the legal and professional status of nurses, a review and analysis of the disciplinary decisions of the NSW Nurses and Midwives Board, and an international review of policy in end-of-life care. Her current projects are a state-wide review and analysis of models of nursing care and she recently undertook a state-wide review of advanced practice roles for the Nursing and Midwifery Office, NSW Health Department.

Ms Amanda Adrian has had many years experience in the health system working in management; safety and quality improvement; nursing; health care, policy development and review; education; law and regulation; policy and bioethics. Ms Adrian is currently the Principal in her own multi-faceted private practice - Amanda Adrian & Associates. The primary locus of her work is in the health and aged care systems, and the tertiary education system; applying her broad range of skills, knowledge, experience and contacts in health policy, law and regulation, ethics, governance, consumer rights, and quality and safety in health care.

She was previously Health Care Complaints Commissioner for NSW and prior to that she was senior officer and manager in the NSW Department of Health. She has had extensive involvement in the development of the role of nurse practitioners in Australia. Steering the focus of health care from provider centred models of care; changing drivers of health policy from the funding models to the community needs; and quality and safety in health care have remained passions and key focal points for her work. She is currently working with Professor Chiarella to complete the second review and analysis of the disciplinary decisions of the NSW Nurses and Midwives Board.

Ms Adrian has a law degree and an arts degree as well as nursing qualifications.

The Honorable Nicola Roxon is the Minister for Health and Ageing. She has been a member of Federal Parliament since 1998, representing the western suburbs seat of Gellibrand in Melbourne. Minister Roxon MP previously held the positions of Shadow Minister Children and Youth, Shadow Minister Assisting the Leader on the Status of Women, Shadow Minister for Immigration, Shadow Attorney-General and Shadow Minister for Health.

Minister Roxon MP is an honours law graduate, who worked as an industrial lawyer, union organiser and judge's associate to Justice Mary Gaudron in the High Court of Australia prior to her election to parliament.

Mr Ian Watts is the Royal Australian College of General Practice (RACGP) National Manager of General Practitioner Advocacy and Support. Mr Watts leads a small team who work with General Practitioners within the RACGP, particularly the members of the National Standing Committee - GP Advocacy and Support, and the National Expert Committee on Standards for General Practices. His team also includes the staff of the Aboriginal and Torres Strait Islander Health Unit.

Mr Watts has a Masters in Business Administration (Executive) from the Australian Graduate School of Management, a Bachelor of Social Work, and a postgraduate Diploma of Social Planning. He has worked with general practitioners since 1997, including being the Chief Executive Officer of the largest Division of General Practice in Australia. He has also worked in the hospital sector, in a community organisation concerned with the care of people affected by HIV/AIDS, and in both federal and State health departments. Mr Watts interest in the structures and systems of healthcare has led to an abiding interest in the safety of patients in general practice.

Conclusion

While consensus regarding nurse practitioner access to the Pharmaceutical Benefits Schedule and Medicare Benefit Scheme across the disciplines present was not reached, the Roundtable concluded with an expressed willingness to further explore the current and expanding role of nursing in primary health care. There was a definite desire by all parties to continue the discourse in the interests of enhancing primary health care for the Australian community.

Attachment A - Roundtable Attendance

Participants

Dr Christine Bennett	National Health and Hospital Reform Commission
Rosemary Bryant	Royal College of Nursing, Australia
Julianne Bryce	Australian Nursing Federation
Professor Rosemary Calder	Department of Health and Ageing
Belinda Caldwell	Australian Practice Nurses Association
Kate Carnell	Australian General Practice Network
Karen Cook	Australian Nursing and Midwifery Council
Marita Cowie	Australian College of Rural and Remote Medicine
Judy Daniel	Department of Health and Ageing
Professor Trish Davidson	Council of Deans of Nursing and Midwifery
Dr Wafa El-Adhami	Department of Health and Ageing
Marilyn Gendek	Australian College of Mental Health Nurses
Dr Mukesh Haikerwal	National Health and Hospital Reform Commission
Joan Hughes	Consumers Health Forum of Australia
Ged Kearney	Australian Nursing Federation
Ruth Kearon	Office of the Health Minister
Sabina Knight	National Health and Hospital Reform Commission
Anne Matyear	Australian Practice Nurses Association
Kathleen McLaughlin	Royal College of Nursing, Australia
Dr Marg McLeod	Australian Rural Nurses and Midwives
Megan Morris	Department of Health and Ageing
Jane Mills	Australian Rural Nurses and Midwives
Libby Muir	Australian Nursing Federation
Ruth Mursa	Australian Practice Nurses Association
Jane O'Connell	Australian Nurse Practitioner Association
John O'Dea	Australian Medical Association
Elissa O'Keefe	Australian Nurse Practitioner Association
Tracey Osmond	The College of Nursing, NSW
Julie Porritt	Australian General Practice Network
Dr Vasantha Preetham	Royal Australian College of General Practitioners
Pauline Ross	Australian and New Zealand Council of Chief Nurses
Steve Sant	Rural Doctors Association of Australia
Francis Sullivan	Australian Medical Association
Lee Thomas	Australian Nursing Federation

Speakers

Professor Desley Hegney	University of Queensland
Amanda Adrian	Amanda Adrian & Associates
Professor Mary Chiarella	University of Technology Sydney
The Hon Nicola Roxon MP	Federal Minister for Health
Ian Watts	Royal Australian College of General Practitioners