



australian  
nursing federation

Comments to the Australian Government in response  
to the Discussion Paper on Connecting Health  
Services with the Future: Modernising Medicare by  
providing Rebates for Online Consultations

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## 1. Introduction

Established in 1924, the Australian Nursing Federation (ANF) is the national union for nurses and midwives, with Branches in each State and Territory of Australia.

The ANF is the largest professional and industrial organisation in Australia, with a membership of over 196,000 nurses, midwives and assistants in nursing. Members are employed in a wide range of settings in urban, regional, rural and remote locations, in both the public and private sectors.

The core business of the ANF is the professional and industrial representation of our members and of the professions of nursing and midwifery.

The ANF participates in the development of policy relating to nurses, midwives and assistants in nursing on issues such as: practice, professionalism, regulation, health and aged care, community services, veterans' affairs, education, training, workforce, safety and quality, socio-economic welfare, occupational health and safety, industrial relations, social justice, human rights, immigration and migration, foreign affairs and law reform.

## 2. Preface

The ANF welcomes the opportunity to respond to the invitation from the Australian Government to provide comment on the discussion paper *Connecting Health Services with the Future: Modernising Medicare by Providing Rebates for Online Consultations*. We support the Government's decision to fund online consultations including the required support and infrastructure. The discussion paper focuses on the importance of the role of medical specialists and general practitioners in the design and implementation of this proposal. It is, however, essential that nurses and midwives are involved in this consultation phase as the success of this initiative will depend largely on their input and support.

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.

Action to address the poorer health outcomes of people living in rural and remote Australia is long overdue. Health outcomes are worse for rural Australians and generally the distribution of the health workforce is biased toward urban and larger regional centers.

Poor access to health services, costs of travel to services, limited availability in the range of services, and the physical challenges of life outside metropolitan areas all contribute to the morbidity and mortality statistics that characterise Australian rural and remote populations.

Measures to improve the engagement and input from consumers of health care must include investment in innovations such as telehealth, e-health, and other means of providing information, support and access to primary health care services. It is especially important to make these measures and primary health care teams available to people disadvantaged by geographic, socio-economic, or cultural isolation, health status and disability, to minimise this isolation and maximise their capacity to maintain or restore their health.<sup>1</sup>

Nurses and midwives together form the largest health professional group in Australia,<sup>2,3</sup> providing health care to people throughout their lifespan, and across all geographical areas of Australia. They practice in: homes, schools, communities, general practice, local councils, industry, offshore territories, aged care, retrieval services, rural and remote communities, Aboriginal and Torres Strait Islander health services, hospitals, the armed forces, universities, mental health facilities, statutory authorities, general businesses, and professional organisations.

The nursing and midwifery workforce is currently an underutilised resource in the primary health care arena. This is due either to restrictions on scope of practice or lack of recognition of the role and function of nurses and midwives. The ANF considers that there needs to be a much better utilisation of the nursing and midwifery workforce in order to ensure appropriate services for all geographical areas and population groups. Nurses tend to be the largest health care professional group across geographical areas – and in fact may often be the only health care professional in remote areas. The Australian Government's Productivity Commission Research Report *Australia's Health Workforce*<sup>4</sup> provides a stark revelation of the fact that, unlike all other health professionals, nursing and midwifery numbers remain fairly constant relative to population for communities located further away from the major cities. While nurses and midwives in all areas can and do provide primary health care, the clinical support, health promotion and prevention component of that care must often be minimalised due to lack of funding support and recognition of its importance.

Nurses and midwives play a central role in most areas of the Australian health care system which access MBS funding. In particular, two areas of growth for nurses and midwives relevant to MBS funding are: the 2009/10 Federal Budget initiative enabling Nurse Practitioners and eligible midwives to gain access to MBS rebates for their clients; and, the steady increase in numbers of nurses and midwives employed in the general practice environment since Federal Government incentive funding to do so, in the 2000/01 Federal Budget.

As members of self-regulated health professions, nurses and midwives are autonomous providers of nursing and midwifery care as legislated under the *Health Practitioner Regulation National Law Bill 2009* and regulated in accordance with the Australian Health Practitioner Regulation Agency by the Nursing and Midwifery Board of Australia. This means that they have independent authority to act within their scope of practice and they are accountable for their own clinical decision-making and the outcomes of their actions when providing health care.

Primary health care nursing and midwifery roles include registered and enrolled nurses, midwives and nurse practitioners working as: maternal and child health nurses, general practice nurses, community health nurses, school nurses, occupational health nurses, rural nurses, remote area nurses, women's health nurses, men's health nurses, sexual health nurses, and mental health nurses.

There are currently in excess of 27,000 nurses and midwives in Australia employed in a variety of the above mentioned roles providing health care for the community across the lifespan within a primary health care setting.<sup>5</sup> However, it should be noted that data collection with regard to these roles is inadequate and actual numbers may be greater.

### Practice nurses

A practice nurse is either a registered or an enrolled nurse employed by, or otherwise retained by, a General Practice. There are now approximately 9000 nurses working within general practice with more than 60% of general practices employing at least one practice nurse.<sup>6</sup>

Practice nurses work in collaboration with general practitioners and other health care professionals in the fastest growing area within the healthcare sector. Their scope of nursing practice includes but is not limited to: chronic disease management, including cardiovascular disease, asthma, diabetes and chronic obstructive airways disease; population health; health assessments; aged care; women's health; immunisation; lifestyle education; men's health; and wound management.

Importantly, nurses in general practice identify and provide education with regard to risk factors for chronic illness, provide health education, and monitor the effectiveness of education and other strategies. Practice nurses support patients to adopt health promotion strategies that encourage patients to live healthily, and apply principles of self-care. These nurses have a critical role in the delivery of continuous care to their community resulting in improved health outcomes.

### Nurse practitioner

The nurse practitioner role was initially introduced in 2001 in rural and remote areas in some Australian states. One of the first nurse practitioner's authorised for practice in Australia was a remote area nurse. Nurse practitioners are now recognised as members of health care teams in all geographical areas and health care settings.

With advanced educational preparation and extensive experience, nurse practitioners offer a health service that can help address workforce shortages in other professions and provide high quality health care that can help deliver positive patient outcomes.

Nurse practitioners offer a health care service that is unique in terms of their specific scope of practice. With the ability to initiate diagnostic tests, prescribe specified medications, and make referrals to other health professionals, they can provide a vital service and improve access to care in all areas of health care. There are already nurse practitioners in outer metropolitan, rural and remote areas providing a range of effective services either in primary health care as a generalist, or by providing a specialist nursing service, for example, mental health, emergency, community health, drug and alcohol services, women's health, and aged care.

In aged care settings, nurse practitioners have an important role in providing clinical support for the complex care needs and chronic disease management of residents for conditions such as diabetes, respiratory, urinary, and cardiac diseases, and providing timely intervention to prevent unnecessary admission to tertiary health care facilities. They also take an educative role in the health care of residents.

## Midwives

The practice of midwives' is described as being woman centred. Midwifery is a primary health care discipline founded on a partnership relationship between women and their midwife/s. Contemporary midwifery practice is based on a well health model of care.

Midwifery practice includes prevention and health promotion as well the development of care plans in collaboration with the women and other health practitioners to facilitate normal birth and minimise risk. Women assessed as either a medical or social risk are referred at the most appropriate point to the most relevant health practitioner and further care by the midwife may be provided within the context of a multidisciplinary approach.<sup>7</sup>

Midwives work in a unique partnership with a woman and give support, care and advice during the antenatal period, during birth and in the postpartum period, and care for the newborn and infant. Midwifery practice includes health counselling and education, not only for the woman, but also within the family and the community. Involved in this is antenatal education and preparation for parenthood, as well as follow up care of the woman in regards to sexual or reproductive health and care and assessment of the young child.

It is important to acknowledge that, in practice, it will predominantly be these nurses and midwives that will be providing administrative and clinical support for telehealth services at the 'patient end' of the online consultation.

### 3. Issues for consideration

#### 3.1 Optimal practice models

The ANF is pleased that under the new arrangements, Medicare rebates will also be available for the nurse practitioner, midwife, Aboriginal health worker or practice nurse to attend the 'patient end' of the consultation where clinically necessary.

This inclusion demonstrates an understanding of the role and scope of practice of these health professionals and recognises the important contribution they can make to the success of the scheme.

This model, however, still relies on a GP or nurse practitioner with a Medicare provider number being locally available with access to telehealth facilities. Some communities have no local GP but do however, have community or remote area nurses, Aboriginal health workers or other allied health professionals. Where available, it would be entirely appropriate for these health professionals to facilitate the telehealth service at the 'patient end' of the online consultation. For this reason, there are many rural and remote communities where, despite patient need for specialist consultation and the presence of qualified health professionals, this model as it is currently proposed could not be applied.

For nurses and 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 capacity of professional nurses and midwives to make complex clinical judgements in collaboration with other health professionals in the primary health care setting needs to be recognised and acknowledged.

This Australian Government initiative provides the opportunity to improve consumer access to the safe and effective care that nurses and midwives already provide.

The time is right to consider an enhanced model of primary health care that extends beyond the services of a general practitioner to a multidisciplinary model to offer comprehensive, consumer centred primary health care services. Nurses and midwives know that all health care is a collaborative effort focused on positive outcomes for individuals and groups. It is essential that the expert and effective role of nurses and midwives is acknowledged and optimised to deliver improved health outcomes and better access for communities. When looking for new models of primary and community care to achieve these aims, governments need to look to nurses and midwives, the largest professional health workforce in the country. Nurses and midwives do not need to be co-located with or indeed employed by general practitioners to achieve this aim. In many rural and remote communities this is already the case. This important telehealth initiative need not be limited to current MBS Service Providers. The obvious solution is for nurses and midwives involved in the development of new optimal practice models for telehealth to be given access to Medicare items in their own right.

### 3.2 Optimal specialties

The discussion paper identifies the areas of medical specialty where telehealth services may be particularly beneficial. The ANF believes that the initiative should apply to all specialist medical and nursing services that are clinically relevant for patient care and should not be restricted to rural, remote and outer metropolitan areas.

Although the use of telehealth for non-procedural consultations seems the most obvious choice, the scheme should not be restricted to these consultations as some procedural telehealth applications are already in use. Nurses and Aboriginal health workers involved in the tele-otology program, use a video-otoscope to collect digital images of the eardrum. These images, along with a clinical history of the patient and other test results can be uploaded on the computer and sent for assessment by an ear specialist. The specialist can then view the information and provide advice to the health professional once an assessment has been made.

Specifying relevant specialties will potentially restrict sensible access to online consultation as agreed by the health care professionals involved.

### 3.3 Remuneration models

Once the appropriate infrastructure for online consultations is established, the success of the scheme will depend on the administrative and clinical system supports. It is important to consider online consultation scheduling, health professional and patient preparation, ease of access to telehealth facilities and sharing of clinical data and reports between consultation sites. Unique MBS items for use solely on online consultations which include the provision of clinical support by the health professional attending the patient should be developed. These items should address and appropriately remunerate the required administrative and clinical supports.

### 3.4 Financial incentives

Nurses and midwives form the largest and most evenly distributed health professional groups working in rural and remote communities reflecting their vital role across these areas. However, there remains a recognised shortage and high turnover of appropriately skilled nurses and midwives.

Part of the problem with the nursing and midwifery workforce stems from disparities between the incentives provided to medical health professionals compared to nursing, midwifery and allied health, as well as a lack of recognition by governments for the work done by the nursing and midwifery workforce.

It is the view of ANF that nurses and midwives involved in the development of new optimal practice models require access to Medicare items in their own right. Nurses are being allocated an increasing number of items in the Medicare Benefits Schedule (MBS). There is growing evidence that the diversity of roles for practice nurses are expanding, and yet, it remains explicit in the MBS that any services provided by a practice nurse and charged as an MBS item are 'for and on behalf of' general practitioners.

Nurses and midwives are competent health professionals who can make autonomous clinical decisions and do not, indeed, undertake work 'for and on behalf of' any other health discipline. They are responsible and accountable for the nursing and midwifery care they provide and will, in fact, be held accountable for the provision of safe and competent care by the regulatory authority for nurses and midwives, the Nursing and Midwifery Board of Australia.

### 3.5 Training and support

Nurses and midwives require access to up to date and reliable information and communication technologies (ICT) in order to deliver effective, evidence based care.

An Australian Government funded study of 10,000 nurses released in 2007<sup>8</sup> revealed nurses are frustrated by limited access to information technology, software that is not always fit for purpose, and a lack of opportunities for training in ICT. Many nurses are not being provided with the appropriate level of preparation and support to use ICT systems, often having to make do with low level skills, unreliable equipment, little or no technical support, or using personal equipment at home. Technical support is especially poor in more remote locations. This is having a negative effect on the ability of nurses to deliver safe and effective services to communities.

An organised and equitable national approach is necessary for effective implementation and utilisation of ICT systems by nurses and midwives. This includes improvements in the provision of reliable equipment and formal education to develop competence in ICT use that will contribute to improved patient safety, evidence based care and the retention of nurses.

### 3.6 Technical issues

Information and communication technology (ICT) infrastructure is inadequate, less accessible and more expensive in rural, remote and outer metropolitan areas than cities. Power and communication lines are unreliable and limited. The effective use of ICT applications requires that health professionals possess new and different skills to manage equipment and resources for the benefit of the patient. Skilled and reliable technical training and professional support must be readily available and easily accessible to clinicians involved in the scheme.

## 4. Conclusion

The Australian Nursing Federation welcomes the opportunity to provide advice to the Department of Health and Ageing on the provision of Medicare rebates for online consultations. Nurses and midwives play a critical role in most areas of the Australian health care system which access MBS funding. While nurse practitioners and eligible midwives commenced accessing MBS items in November 2010 there is potential for a broader application of such funded services. Nurses and midwives are widely geographically distributed and working in a variety of other nursing and midwifery primary health care roles. It would be entirely clinically appropriate for these nurses and midwives to facilitate the telehealth service at the 'patient end' of the online consultation where this is required.

As the Australian union representing over 196,000 nurses and midwives, the ANF looks forward to continuing to contribute to the implementation of the Australian Government's initiative to modernise Medicare by providing rebates for online consultations. The ANF considers that this important Government initiative to provide rebates for online consultations will improve timely access to expert health care by the community with the essential support of the most appropriate health care professional.

Given the significant reliance on services provided by nurses and midwives in the Australian health sector, it is vital that nurses and midwives are involved in the design and roll out of this initiative.

## 5. References

1 Australian Nursing Federation. 2009. *Primary health care in Australia: a nursing and midwifery consensus view*. Available at: <http://www.anf.org.au>

2 There is a combined total of 272,740 registered and enrolled nurses actually employed in nursing in Australia, with 18,998 of these being midwives.

Australian Institute of Health and Welfare 2010. *Nursing and midwifery labour force 2008*. Available at <http://www.aihw.gov.au/publications/index.cfm/title/12017>

3 Nurses and midwives comprise over 55% of the entire health workforce.

Australian Institute of Health and Welfare. 2006. *Australia's Health 2008*. Canberra: AIHW. p 317

4 Productivity Commission 2005, *Australia's Health Workforce*, Research Report, Canberra. p204-205

5 Australian Institute of Health and Welfare, 2008. *Nursing and midwifery labour force 2005*. Additional Tables, Table 13

6 Australian Practice Nurses Association. Available at <http://www.apna.asn.au> Accessed January 2011

7 Australian Nursing and Midwifery Council. 2008. *Code of Ethics for Midwives in Australia*. Available at: <http://www.anmc.org.au>

8 Hegney, D. et al. (2007) *Nurses and Information Technology*, Australian Nursing Federation, available at [www.anf.org.au/it\\_project/PDF/IT\\_Project.pdf](http://www.anf.org.au/it_project/PDF/IT_Project.pdf)