

# Medicare Benefits Schedule Review Taskforce – Report from the Nurse Practitioner Reference Group

**7 June 2019**

## About the VHA

The Victorian Healthcare Association is the not-for-profit peak body supporting Victoria's public health and community services to deliver high quality care. The VHA represents Victorian public hospitals, registered community health services, multi-purpose services, and bush nursing services.

On behalf of its members the VHA responds to system reform, helps shape policy and advocates on key issues. The VHA also supports the Victorian healthcare sector by providing sector development that builds capacity, governance and executive support as well as supporting innovation and collaborations that act as a catalyst for strengthening the Victorian health system.

## Introduction

The Victorian Healthcare Association (VHA) welcomes the opportunity to provide feedback on the recommendations made by the Nurse Practitioner Reference Group to the Medicare Benefits Schedule Review Taskforce.

The VHA welcomes and supports all of the recommendations made by the Nurse Practitioner Reference Group.

The health system is under pressure from a number of angles. Populations are growing and ageing, the impact of chronic disease and preventable illnesses are stretching resources thinly, and the public expectation of the type and quality of services available in hospital settings are not always aligned.

Improving workforce efficiency is a means of addressing some of these systematic challenges. It is essential that the human resources of the health system are used to the top of their scope and best of their abilities. Nurse practitioners play an essential role in the health system by ensuring scarce funding is spent on delivering more access to the care and supports the community needs.

Addressing some of the systematic blocks currently hindering the work of nurse practitioners is a key part of this efficiency drive, which is warmly welcomed by the VHA.

In preparation of this submission, the VHA held a dedicated consultation process with Victorian public hospitals and registered community health services. Their feedback and suggestions have been included in this document in response to each recommendation.

### Promoting the role of nurse practitioners in acute healthcare settings

In Australia, the majority of nurse practitioners are employed in the public sector, typically in acute care where they provide advanced nursing care across the continuum of services for patients who are ill with complex conditions.

Nurse practitioners employed in public health services are not eligible to access MBS rebates for professional attendances nor are they able to facilitate access for diagnostic investigations through rebate and referrals to other providers, such as specialist medical practitioners. These arrangements, which inhibit utilisation of nurse practitioners in the public health system, do not incentivise health services to invest in the nurse practitioner role and inhibit access to streamlined and efficient services for patients, particularly where access to general practitioners is an issue.

To overcome some of the funding challenges associated with employing nurse practitioners, many health services have implemented novel approaches. For example, a large metropolitan hospital is only able through philanthropic funding to support the clinical component of training for two nurse practitioner candidates working towards endorsement. While grateful for donor contributions, the sustainability of this model is uncertain and longer-term planning to embed the nurse practitioner workforce in the health setting continues to be a challenge.

Nurse practitioners in the public sector need to be given access to the MBS to allow for the delivery of comprehensive care, which primarily includes the ability to order diagnostic investigations and refer to other health professionals including allied health, when required.

### VHA responses to recommendations made by the Nurse Practitioner Reference group

#### **Theme: Support comprehensive and coordinated care for people with long-term health conditions and Aboriginal and/or Torres Strait Islander peoples**

- **Recommendation one:** Enable patients to access MBS rebates for long-term and primary care management provided by NPs



The VHA supports recommendation one.

The VHA supports efforts aimed at better utilising and integrating nurse practitioner models of care into the health system and improving equity of access to care.

The prevalence of chronic health conditions is growing, placing increased pressures on the health system as it struggles to attract general practitioners to rural and remote areas. Improving access to health care that addresses the needs associated with increasing prevalence of chronic disease and an ageing population is essential to the overall success of the health system.

The recommendation, if implemented, would assist in addressing system gaps and support comprehensive outreach models. Similar nurse practitioner-led outreach models in rural health services in Victoria have seen improved clinical engagement with previously hard-to-reach patients, many of whom would have otherwise remained isolated.

- **Recommendation two:** Improve access to MBS rebates for NP services in aged care settings

The VHA supports recommendation two.

Nurse practitioners can offer aged care providers a clinical and nursing response for residents whose health needs and acuity does not require a transfer to a hospital emergency department. The benefits of ensuring access to a high-scope of practice nurse in these settings extends beyond addressing the health needs of the resident, and includes the potential to improve patient flow at emergency departments.

Staffing and workforce challenges are more acute in rural and remote areas due to barriers associated with service constraints, population distribution and broader factors such as the additional costs associated with delivering care.

NPs are well-placed to step in to fill existing and future workforce gaps, particularly in rural and remote aged care facilities. This represents an important opportunity to ensure the equity of access to care for older Australians living in residential aged care, no matter where in Australia they are located.

- **Recommendation three:** Enable Domiciliary Medication Management Reviews (DMMRs) and Residential Medication Management Reviews (RMMRs) to be initiated by NPs

The VHA supports recommendation three.

Prescribing and managing multiple medications appropriately and effectively is important to optimise function and to avoid adverse health outcomes, especially in older patients. Polypharmacy is common among the elderly population due to the need to treat the various disease states that develop as people age.

The burden of taking multiple medications has been associated with greater healthcare costs and an increased risk of adverse drug events, drug-interactions, medication non-adherence, reduced functional capacity and multiple geriatric syndromes.<sup>1</sup>

Efforts to ensure medications are reviewed regularly and people have access to these services, irrespective of where they live, must be supported.

**Theme: Enabling nurse practitioner care for all Australians**

- **Recommendation four:** Significantly increase the schedule fee assigned to current MBS NP professional attendance items

The VHA supports recommendation four.

Financial sustainability has been identified as a major limitation for NP models of care. Rebates for nurse practitioners are set at a rate lower than junior medical practitioners, allied health practitioners and specialist nurses, requiring the majority of nurse practitioner models of care to charge patients out-of-pocket fees to cover the cost of providing care.<sup>2</sup>

The combination of low MBS rebates and low out-of-pocket fees makes it difficult for most organisations with a NP model of care to cover their costs, creating a disincentive for any employer wishing to engage a NP.

- **Recommendation five:** Create a new MBS item for longer NP attendances to support the delivery of complex and comprehensive care

The VHA supports recommendation five.

Delivering coordinated and comprehensive care to people with complex needs is time and resource intensive. The VHA supports efforts to ensure nurse practitioners can undertake holistic assessment, diagnosis and management of complex health conditions, without it resulting in a cost negative position for the organisation.

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<sup>1</sup> Maher, R, Hanlon J, Hajjar, E 2014, Clinical Consequences of Polypharmacy in Elderly, Expert Opinion Drug Safety, vol. 13, no. 1, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3864987/>

<sup>2</sup> Cashin, A 2015, The challenge of nurse innovation in the Australian context of universal health care, The Australian Journal of Nurse Practice, Scholarship and Research, vol. 22, no. 3, pp. 319-24, doi.org/10.1016/j.colegn.2014.03.006

- **Recommendation six:** Enable patients to access MBS rebates for after-hours or emergency care provided by NPs.

The VHA supports recommendation six.

Nurse practitioners currently work in many hospitals in Victoria, including metropolitan and regional emergency departments and urgent care centres. There are a range of benefits to the nurse practitioner model for delivery of after-hours or emergency care, including:

- nurse practitioners working in emergency care are excellent resources for educating and supporting registered nurses and RIPERs because they have advanced knowledge of both emergency care and nursing practice
- nurse practitioners working in emergency care are able to share the emergency care work load and on-call requirements of rural general practitioners
- patients may be seen more quickly
- a flexible addition to the workforce prevents over-reliance on individual staff.

The VHA submits that enabling patients to access MBS rebates for NP-led care in after hours or emergency care situations will improve equitable healthcare access for people, regardless of where they live and support the delivery of timely and coordinated healthcare.

- **Recommendation seven:** Enable patients to access an MBS rebate for NP care received outside of a clinic setting

The VHA supports recommendation seven.

Increasingly, reforms across health and social care are focussed on providing more choice and control to consumers and keeping people at home for as long as possible. In response, the health system and its workforce must be supported to meet these changing expectations and to increase access to community-based supports.

Enabling patient access to MBS rebates for care delivered outside of clinical settings is a natural extension of this shift away from a centralised care model and would provide a valuable incentive for health services to continue to orient their models of care to suit patient need.

#### **Theme: Addressing system inefficiencies caused by current MBS arrangements**

- **Recommendation eight:** Remove the mandated requirement for NPs to form collaborative arrangements.

The VHA supports recommendation eight.

Collaborative arrangements can be difficult to develop, particularly in rural and remote areas, due to the availability and accessibility of medical practitioners and their willingness to participate in such arrangements, reducing patient access to nurse practitioner-led care.

Accordingly, the VHA supports removing the mandated requirement for nurse practitioners to form collaborative arrangements, as a means of improving efficiency and reflecting the real-world difficulties faced by NPs working in rural and remote locations where appropriate medical practitioners may not be readily available.

- **Recommendation nine:** Remove current restrictions on MBS-rebated diagnostic imaging investigations when requested by NPs

The VHA supports recommendation nine.

The Taskforce's rationale for removing current restrictions on diagnostic imaging investigations is sound, particularly the observation that the removal of current restrictions would not constitute an extension of individual scope of practice.

The VHA notes that, for the majority of health services, medical practitioners are on-hand and are able to request diagnostic imaging, however in instances where this is not the case, a removal of restrictions would enable a more responsive and equitable service for patients.

- **Recommendation 10:** Enable patients to access MBS rebates for procedures performed by an NP

The VHA supports recommendation 10.

The VHA considers that nurse practitioners have an important role to play in delivering equitable access and outcomes to Australians. Delays to accessing required health care interventions not only have detrimental health and wellbeing outcomes for consumers, but results in flow-on costs to the system as a direct result of poorer health outcomes.

Patients accessing diagnostic and therapeutic procedures delivered by a nurse practitioner should not be financially disadvantaged nor should patients have to delay or avoid procedures due to cost. The VHA supports efforts aimed at providing more affordable, equitable and accessible care.

**Theme: Improve patient access to telehealth services by expanding the scope of providers eligible to participate in consultations, and by broadening modes of communication**

- **Recommendation 11:** Add general practitioners as eligible participants in NP patient-side telehealth services

The VHA supports recommendation 11.

Telehealth is a critical component of the rural and remote model of care, allowing nurses and medical practitioners to access specialised input and guidance from higher acuity health services when local scope of practice is exceeded, and supports equity of access for patients living in rural and remote locations.

Allowing an MBS rebate for GPs to attend NP patient-side telehealth consultations supports improved care coordination and continuity and promotes an improved take-up of primary care services, particularly for patient groups who experience difficulties attending GP clinics. The VHA supports the change as an important means of improving equity of access to all Australians, regardless of their postcode and local medical coverage.

- **Recommendation twelve:** Add patients in community aged care settings to residential aged care telehealth items

The VHA supports recommendation 12.

The VHA acknowledges that the ongoing shift in the delivery of aged care services from a predominantly residential focus, to one that supports elderly Australians to live at home and in their communities for as long as they are able.

Allowing people receiving community aged care services to access MBS items used in residential aged care settings is increasingly an issue of equity that recognises the increasing frailty of people in this cohort.

- **Recommendation thirteen:** Create new MBS items for direct NP-to-patient telehealth consultations

The VHA supports recommendation 13.

The VHA recognises that NP-led telehealth consultations can be an effective means of healthcare delivery that make effective use of both NP and patient time.

While many telehealth-related items recognise the role of GPs and consulting physicians, it is appropriate in certain instances for NPs to initiate and manage telehealth consultations directly with patients, without the participation of medical practitioners.

It is therefore appropriate that relevant items that support NP-to-patient telehealth consultations be considered for inclusion in the list.

- **Recommendation fourteen:** Allow telehealth consultations to take place via telephone where clinically appropriate

The VHA supports recommendation 14.

Changes that promote better ways of delivering care to hard-to-reach populations and areas must be supported given some at-risk and vulnerable Australians may not have access to, or the understanding of, the required technology to undertake telehealth consultations. Similarly, some geographic areas are unable to undertake video communication due to poor internet connections or lack of access to technology.

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