

# Nurse clinics in primary health care: building on the learnings of the Enhanced Nurse Clinic project

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# Nursing in Primary Health Care Program (NiPHC)

- ✓ **Enhanced Nurse Clinics** - replicable and exemplar models of nurse-led care
- ✓ Transition to Practice Pilot Program
- ✓ Career and Education Framework
- ✓ Chronic Disease Management and Health Ageing workshops

The clinics...

# Teen Clinic Bega Valley Medical Practice NSW



To provide greater access to mental and sexual health support in a primary health care setting.

# Wound Care Clinic Junction Place Medical Centre, Vic.

To provide accessible, affordable best practice wound care in a general practice setting.



# Men's health and well-being clinic Barwon Prison, Vic.

To improve the screening for chronic health conditions for people in custody.



*“the patients now seek out the nursing staff  
for feedback on what their progress is like”*

# Nurse Clinics: developing the resources



# The Building Blocks



A clear plan



Location and facilities



Funding



Systems and Processes



Best practice care



Staffing and HR



Patient engagement







Evaluation and improvement



# Nurse clinic building blocks

Building Block	Content
 A clear plan	Identifying opportunities Aims and goals Clinic models Creating the plan
 Best practice care	Evidence-based care Clinical guidelines Quality Improvement approach
 Funding	Types of funding and how they apply to clinics Sustainability
 Staffing and HR	Stakeholder engagement Roles and responsibilities Human resource policies and planning Professional development Working as a team

# Nurse clinic building blocks

Building Block	Content
 Evaluation	Health outcomes Clinic efficiency Evaluating the patient experience
 Patient engagement	Service delivery models: Prevention, CDM, MI, Health coaching Patient pathways - eligibility / assessment / care planning and coordination Promotion of clinic
 Systems & processes	Appointment systems Referrals Patient registers Forms, templates and policies Data management
 Location & facilities	Physical space Clinic operating times Equipment

# Evaluation findings

# Sustainability of nurse clinic

Sustainable clinics share a series of factors and experiences that contribute to their potential for sustainability.

- Feasibility
- Acceptability
- Effectiveness and efficiency
- Financial viability
- Perceived value of the nurse clinic

# Feasibility

## Key points

Nurse clinics need the following criteria:

- meet a local population health need
- have an evidence base
- have available and appropriate staffing and clinical expertise
- organisational support
- key stakeholder support

# Acceptability

## Practice Manager acceptability



*“The clinic brought our team closer together. We have clinical meetings of different types but with the nurse clinic, there was greater involvement, especially with a couple of our GPs and the other nurses. So collaboratively, they worked much closer together, not just for this project, but in the day to day running of our clinics.”*



## GP acceptability

*“Highly, highly accepted by patients and GPs. No doubt in my mind at all.” (Lead nurse)*

## External stakeholders - medical specialist



*“What (the lead nurse) has done—which is really clever—is to develop a process which allows the general practice nurse to be a hand that guides. To provide patients with advice and tools to assist them and their families, support the diagnostic process and provide advice as capabilities change over time.”*

# Effectiveness



*“Around 25% to 30% of prisoners that were coming through the clinic were getting diagnosed with an acute health condition, which is a little bit scary, but that figure has been relatively consistent all the way along. I think patient engagement and a focus on health and wellness rather than illness - that's really great.” (Lead nurse)*



*“I don't think we're catching everyone, that's for sure, but they come on their own, they come with friends, they get referred by their teachers and they come and they return.” (Lead nurse)*



# Financial viability:

## three determinants of financial viability

### Revenue – related to the following billing practices

what can be claimed under the Medicare Benefits Schedule (MBS)?

the proportion of funding that is 'block funding'

apportioning of Practice Nurse Incentive Payments (PNIPs) to Nurse Clinic

### Nature of target clientele

client ability to pay

what is available on the MBS for certain client cohorts?

### Organisational issues

the stability of human resources

the size of the service's nursing workforce

managerial support for nurse clinic

salary rates

governance arrangements

# Value of the nurse clinic model



*“I think the GPs, maybe not all of them, but certainly some of them, respect and understand that the clients are getting better care out of this program, with the nurse leading, then they would have otherwise with the GP.” (Lead nurse)*



*“I would like to thank you for inviting me down to the medical centre for a check-up. Let me say that at my age of 47, we don’t think about coming to the doctor for a check-up as we think we are indestructible and nothing is ever going to happen to us. Well, my mum thinks the same as you, “prevention is always the best”.*

# Key barriers ... the Nurse

Barriers included a lack of:

- effective management support and leadership
- team engagement
- protected time
- project management and budgetary skills

# Key barriers...Organisational

- lack of internal and external stakeholder engagement
- no perceived organisational leadership
- lack of collaboration and team engagement
- staff turnover during project – lead nurse and practice staff
- lack of role delineation (between nurse clinical tasks and administration support)
- difficulty collecting data from practice software / lack of confidence in its accuracy
- a patient cohort (low SES) that can only tolerate MBS billing



*“I think it's not just about the nurse - it's about the whole team understanding the role of the nurse and understanding their own role in collaboration around the consumer's care.”  
(Practice Manager)*

# System level – the challenges

- resistance to change
- commercial concerns
- lack of confidence and awareness of the clinical abilities of the nurse

# Next steps.....

## Building Nurse Capacity – 2018 to 2022

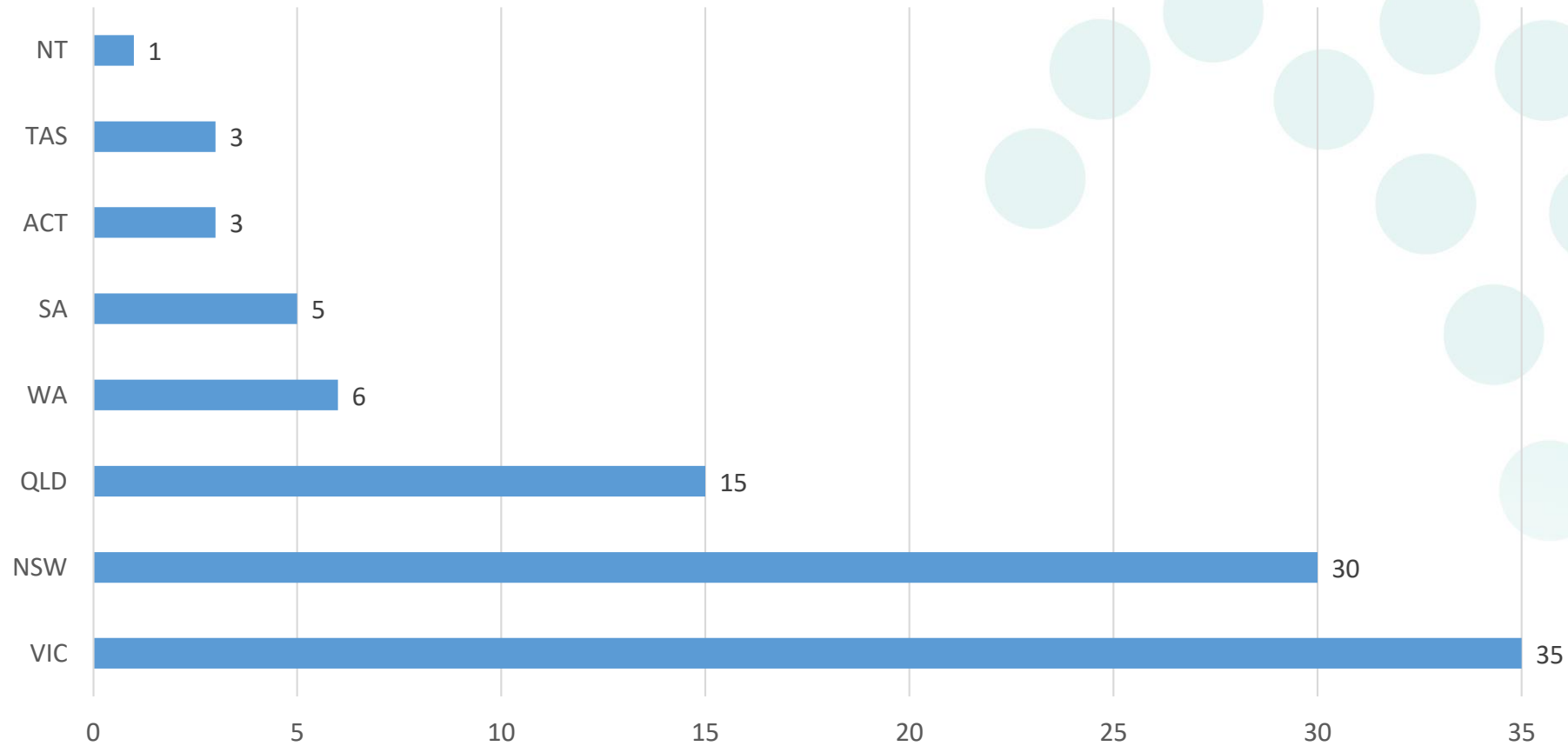
The BNC project will focus on the development of nurse-led (team-based) models of care which improve patient outcomes, in a range of primary health care settings, to increase the capacity of the primary health care team.

The project will support a maximum of 35 nurses and their primary healthcare organisation, in two 18 month intakes, to implement nurse-led (team-based) models of care. Grant funding of \$10,000.

Group 1: February 2019 - July 2020 (18 participants)

Group 2: October 2020 - March 2022 (17 participants)

# Applications across States

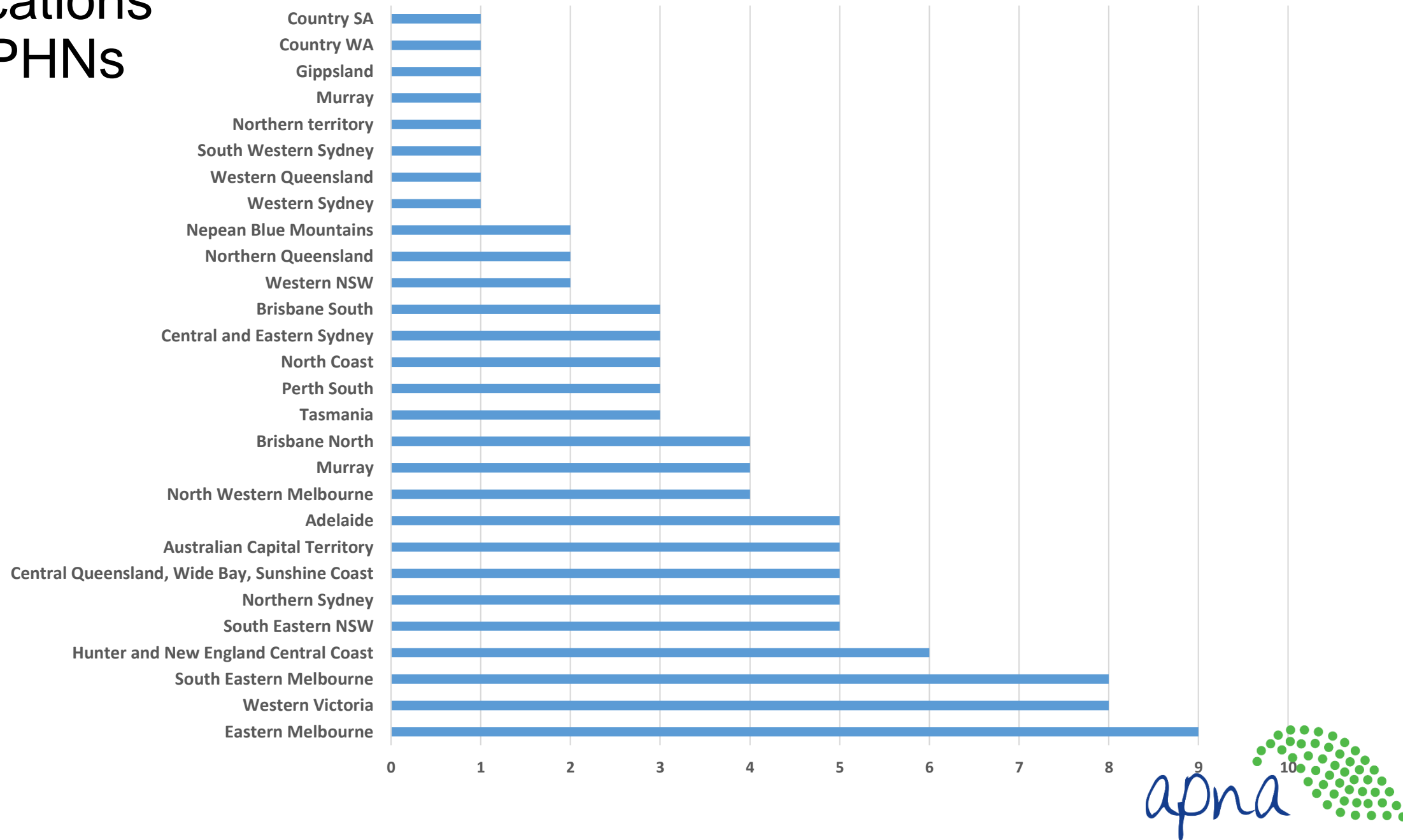


**NURSE CLINIC RESOURCES**



# Applications from PHNs

28/31



# Successful applicants

## Chronic disease

Healthy lifestyle clinic (using a Shared Medical Appointment and health coaching model)

CDM

Healthy ageing (prison)

Healthy ageing x 2

## Other

Women's Health x 2

Men's Health x 2

Cancer survivorship

Aboriginal and / or Torres Strait Islander health ax clinic

Dementia support – acute to primary

Mental Health /AOD – NP

Hep C Hub – NP

Young persons – 17-30 – health prevention

**NURSE CLINIC RESOURCES**

# Opportunities

## Financial modelling for general practice

- Nurse clinic fee / bulk billed vs mixed billing / MBS % to GPs
- Other grant funding / revenue streams
- Alignment with new flexible funding models (e.g. Healthcare Homes)

## Data sets

- Measures / Outcome measures for nurse clinics

## Types of clinic models to showcase

- CDM vs disease specific (would impact the data sets)
- Metro / regional / rural / remote

## Nurse Practitioners / RN

## Team building capacity

- How to introduce and sustain change?

Engaging with PHNs and State Governments – aligning project learnings with local needs

**NURSE CLINIC RESOURCES**

MBS review GPPCCC- made recommendations to widen NP access to MBS – referred to NPRG

## The MBS Review Taskforce established five PCRGs:

- Aboriginal and Torres Strait Islander Health Reference Group
- Allied Health Reference Group
- Mental Health Reference Group
- Nurse Practitioner Reference Group, and
- Participating Midwives Reference Group.

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/MBSR-committees-nurse-practitioner>

# Potential Game Changers for NP MBS Review – the facts noted

Despite the innovation and flexibility of these models, they remain curtailed by the limited number of items for which patients may receive MBS rebates when cared for by an NP.

MBS Rebates available to **patients** of NPs do not reflect contemporary NP practice in Australia.

This restricted access to MBS items limits consumer choice, affects accessibility, creates fragmentation and, at times, drives unnecessary duplication and costs throughout episodes of care.

Consumer reps - stressed the importance of patient choice in accessing primary care that is timely, uncomplicated, culturally safe and affordable.

[https://www1.health.gov.au/internet/main/publishing.nsf/Content/BEB6C6D36DE56438CA258397000F4898/\\$File/NPRG%20Final%20Report%20-%20%20v2.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/BEB6C6D36DE56438CA258397000F4898/$File/NPRG%20Final%20Report%20-%20%20v2.pdf)

# Potential Game Changers for NP business cases

- Patients MBS rebates for long-term PHC management provided by NPs.
- Improve access to MBS rebates for NP services in aged care settings.
- Enable Medication Management Reviews (DMMRs and RMMRs) to be initiated by NPs.
- Increase the schedule fee to reflect the complexity of care provided.
- New MBS item for longer NP attendances - complex and comprehensive care.
- Patients access MBS rebates for after-hours or emergency NP care
- MBS rebate for NP care outside of a clinic setting.
- <https://www1.health.gov.au/internet/main/publishing.nsf/Content/MBSR-committees-nurse-practitioner>

# Potential Game Changers for NP business cases

- **Remove** the mandated legislative requirement for NPs to form collaborative arrangements in accordance with the *National Health (Collaborative arrangements for nurse practitioners) Determination 2010*.
- Changes to restrictions on MBS-rebated diagnostic imaging requested by NPs.
- MBS rebates for some procedures performed by an NP

Improve patient access to telehealth services by :

- expanding list of eligible providers for NP TH consults,
- Add GPs as eligible participants in NP patient-side telehealth services.
- Add Community Aged care settings to RACF telehealth items.
- Add items for direct NP-to-patient telehealth consultations.
- Allow telehealth consultations via telephone where clinically appropriate.
- <https://www1.health.gov.au/internet/main/publishing.nsf/Content/MBSR-committees-nurse-practitioner>



# Questions?