Private Practice information

For Australian Drug and Alcohol Nurse Practitioners

DANA
DRUG & ALCOHOL NURSES OF AUSTRALASIA

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Dear reader: The world of the Drug and Alcohol Nurse Practitioner is undergoing constant change. This document is current to the best of our knowledge, but we welcome your feedback with any changes that you learn about, or any errors that you find in this document. Please email **dana.nurses@gmail.com**

Private Practice information

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DANA is grateful to the Drug and Alcohol Nurse Practitioners who have shared information for the benefits of their colleagues through this publication. DANA is also grateful to Indivior for their financial support in preparing this document.

Photo by Kelly Sikkema on Unsplash

Foreword

DANA has commissioned this manual for Australian Drug and Alcohol Nurse Practitioners, to provide a simplified guide for those exploring or planning to establish their own private practice.

During the DANA Drug and Alcohol Nurse Practitioner Symposium held in Sydney, 2019, it became evident that Nurse Practitioners were seeking advice, knowledge and an understanding of the processes required to establish their own private practices separate from public health services. This understanding was especially relevant if employment was difficult to gain or they were unable to work to their full scope of practice. They told me that they wanted to assist patients where services were not available. However, they were unsure how to move to the next step.

I would like to take this opportunity to thank the Nurse Practitioners who have assisted in the development of the manual over the past 6 months. Without their participation, this manual would not have been possible, and DANA is immensely grateful to you for your valuable time. An enormous thank you goes out to the DANA Portfolio Officer for Nurse Practitioners, Jason Harrison and to the DANA Executive Officer Colleen Blums for her vision, knowledge, and skill in bringing it all together.

DANA is aware of the enormous value Drug and Alcohol Nurse Practitioners can add to the health care system and to patient care delivery, and therefore trust this manual will be an invaluable tool for those wanting to branch out in to private practice. As the number of Drug and Alcohol Nurse Practitioners increase nationally, many may endeavour to pursue private practice opportunities. This often occurs in spaces where no other services are available to provide essential lifesaving work, allowing others to see the value of the Drug and Alcohol Nurse Practitioner role.

Darren Smyth
Drug and Alcohol Nurse Practitioner and Past President, DANA

Introduction

Congratulations! You have taken your first step on the journey to becoming a private Drug and Alcohol Nurse Practitioner.

We understand that working in the private sector can be challenging and there are many aspects to consider when setting up a private Drug and Alcohol Nurse Practitioner practice. This manual is structured in sections aimed to help you enter private practice, including:

- Where can I work as Drug and Alcohol Nurse Practitioner?
- What will my model of care or service look like?
- What treatment modalities or services am I going to provide?
- What do I need to consider running a private practice?
- How will I fund, and what should I charge for, services in my private practice?
- How do I access prescriber and provider numbers?
- How do I access private prescription pads or prescription paper for private practice?
- What equipment and software do I need to operate a private practice?

This manual is intended to support and guide you and provide you with some of the tools, information, and options for setting up and working in your own private practice.

Information for Nurse Practitioners from the Nursing and Midwifery Board of Australia

The Nursing and Midwifery Board of Australia (NMBA) and the Australian Health Practitioner Regulation Agency (AHPRA) work together to regulate nursing practice in Australia. Their decision-making is guided by the Health Practitioner Regulation National Law (the National Law), in force in each state and territory.

Nurses are accountable to the NMBA for all matters relating to nursing practice, policy, and professional standards. State and territory boards support the work of the NMBA, who are responsible for registration and notification of decisions about individual nurses. These relationships make for a complex system to navigate especially as state and territory has its own jurisdictional legislation and policies.

The NMBA information that will be useful for you now is both the Standards for practice, Safety and quality guidelines, and CPD guidelines.

Working as a Private Drug and Alcohol Nurse Practitioner

Where can I work?

This is one of the most important questions to ask yourself, and it is only limited by your imagination. Drug and Alcohol Nurse Practitioners already work in a wide range of hospital and community healthcare settings, in both the public and private sectors, with other nurses, GPs, pharmacists, medical and surgical specialists, and allied health professionals. This document is will showcase some of the private practice options that may be available to you and provide 'next step' guidance.

What model of care do I want to provide?

When setting up or considering a move to private practice, there are several factors to consider when developing your model of care or deciding how you will deliver your service. These factors include:

- **What are my treatment aims and objectives?**
- **What are the key elements of my model of care?**
- **What is the need for drug and alcohol services within my community? How do I find out? Is there a need for change?**
- **What are the gaps in existing drug and alcohol treatment services within my community and how could my service fill these gaps or enhance what is already offered? You may need to undertake a needs analysis to answer these questions.**
- **What patient group or groups would I prefer to work with?**
- **Where do I want to locate my private practice? Do I want a stand-alone clinic? Sessional rooms?**
- **What are the geographical challenges in servicing my target population group? Do they have ready access to transport?**
- **What framework do I want to adopt? What strategies are required? What treatment modalities or services do I want to provide? Do I want to provide an opioid treatment program?**
- **Will my chosen model of care allow me to expand my future scope of practice to meet constantly evolving health priorities and funding streams?**
- **Where will telehealth fit within my practice?**

When reflecting on your preferred patient group or groups and practice setting you should consider these questions (even if you have broad interests, do not overstretch yourself at the outset):

- **Am I interested in working within the justice system or court diversion programs?**
- **Do I want to engage and retain people in drug and or alcohol treatment?**
- **Do I want to function in a wider health context and address the health issues associated with alcohol and drug use, such as mental ill health, blood-borne viruses, vein care, cellulitis, and dental disease?**
- **Am I interested in working with young people, older people, indigenous populations, or pregnant women? Do I want to work within primary care, residential care, or shared care? Are there specific drugs of concern that I would like to focus on?**
- **Should I look towards rural or remote regions or urban environments?**
- **Where do education, training, group facilitation and building community resilience fit within my practice?**
- **Should I set up a mobile or fixed site service?**

What is the need within my community?

Primary Health Networks

When developing your Model of Care for private practice the Primary Health Networks (PHNs) can be a great source of information as they have health needs data for the communities and regions they encompass. A PHN is a federal government funded organisation that works closely with local hospital networks, non-government organisations (NGOs) and Community Managed Organisations (CMOs). The information available varies from region to region. Two very good examples are provided by the North Coast Primary Health Network Alcohol and Other Drug Treatment Health Needs Assessment and the Northern Queensland Primary Health Network Health Needs Assessment.

Not all PHNs have such well-articulated documents. However, the PHNs have very comprehensive websites and reports are often available via an internet search engine such as Google.

PHNs can directly fund health services through a process known as known as commissioning when there is an identified health need in the community that is not being adequately addressed by existing services. If the local PHN has funding for your model of care, a tender will be released and there will be documentation to be completed. But be aware that a regional plan is not a funding commitment. It is a roadmap for collaborative action. Appendix V has information about developing a Business Case for a PHN.

Although not explicitly stated, PHNs will generally fund companies with appropriate public and private indemnity cover rather than individuals. Therefore, when setting up your business it is important to consider the implications of being a sole trader versus a company.

A useful resource published by the Department of Health is the 'PHN Needs Assessment Guide'. It outlines the needs assessment phase of the PHN commissioning cycle.

If there is a specific model of care that you would like to explore, we recommend arranging a face-to-face meeting with someone from the Mental Health and Drug and Alcohol team of your local PHN to discuss your ideas.

Additional information

When assessing a community's need for drug and alcohol services, be sure to research the state or territory governments' strategic drug and alcohol service plans, policies, or local initiatives. These documents will provide you with the government insight into the community's need for drug and alcohol services as well as signal opportunities about how your service might be part of the solution for meeting the local needs. It is also essential to identify any gaps in existing treatment frameworks that exist in the region. Links to government websites: Queensland, NSW, WA, SA, Vic, Tas, ACT, NT.

Non-government organisations (NGOs)

Broaden your search by gathering information from NGOs. Each state and territory has its own peak body representing NGOs: VAADA (Vic), NADA (NSW), WANADA (WA), QNADA (QLD), AADANT (NT), ATDC (Tasmania), ATODA (ACT). The member organisations of these bodies provide a range of services such as:

» Withdrawal management,

» Psychosocial counselling,

» Residential treatment,

» Day programs.

Other sources of information

There are websites that provide information on local and national health disparities. These may be helpful when building a funding case for your PHN:

» Australian Atlas of Healthcare Variation

» Australian Social Health Atlas

» Australian Institute of Health and Welfare

The ABS and the National Drug Strategy Household Survey can provide additional information.

By now you might already have an idea about how your service or model of care looks like. To keep inspiring you in the creation of your model of care we have attached two examples provided by Drug and Alcohol Nurse Practitioners in private practice. One is co-located in a community pharmacy and the other with in a GP practice.

Always check requirements in your state or territory. There may be jurisdictional differences between locations, for instance opiate treatment varies according to which part of the country you work. There are also variations in the Drug and Poisons Acts governing practice. Given these documents are frequently amended, it is beyond the scope of this publication to be able to describe them.

Private practice model: Co-located in a retail pharmacy

This Nurse Practitioner works as a private contractor for a retail pharmacy offering a pharmacotherapy service in the south east corner of Queensland. The retail pharmacotherapy service has co-registration as a medical service and as a dosing point (via state legislative authority), allowing them to provide pharmacological and non-pharmacological treatment modalities to the community. The service is set up like a medical centre, with reception, waiting rooms and consultation rooms plus the addition of counter for dispensing medication to patients. The only outgoing cost for the Nurse Practitioner is for room rental and indemnity insurance, as the retail pharmacy provides the following:

» E-medical records;

» Integrated Medicare billing system, ensuring that payment goes into the prescriber's account;

» Reception clinic bookings;

» Arranging pathology, urine drug screens and other tests;

» Consultation rooms; and

» Information technology (IT) equipment and computers.

Under this model, the Nurse Practitioner pays the service 25-30% of the revenue raised from Medical Benefits Schedule (MBS) billings and receives 70-75% from bulk billing services. These payments are derived from delivering the following treatment modalities within the retail pharmacy service:

» Ambulatory withdrawal management (such as alcohol, benzodiazepines, cannabis etc.);

» Hepatitis C treatment;

» Opioid treatment program (Methadone, Buprenorphine, Long Acting Injectables);

» Daily dosing with prescriptions medications;

» Case management; and

» Counselling.

Many patients categorised as 'lower socioeconomic' are represented in this

Scenario

Julie is a 38yr old woman who was referred by her local GP for opioid treatment. She had recently returned to Australia from the USA. She has a history of past OTP registration in Australia and in the USA. Julie has been using prescription medication and has not been an IV drug user. She works fulltime.

Action

A full history was taken including: all substances, physical and mental health, current medications, allergies, social supports, accommodation, and legal matters.

Pathology required – Baseline: LFT, HCV, HBV, HIV, U/E, Iron and FBC (with a link for follow up to her GP)

Julie was found suitable to commence OTP with buprenorphine and naloxone.

Results

Julie had a daily review appointment for 5 days to stabilise on a daily dose. She then went to weekly reviews to ensure stability before she was suitable to receive take home doses.

She has monthly reviews to maintain her ongoing stability for opioid treatment. These reviews are augmented with psychotherapies such as CBT, motivational intervention, and strength-based counselling formats with patient centred goals.

Julie was stabilised on buprenorphine and naloxone 12mg daily. After 12 months in treatment she was offered and accepted a transfer to long acting injectables. She was successfully transferred to Buvidal (long acting injectable) weekly, and then to a monthly dose without complications. Julie's monthly reviews continue.

community. The service addresses the inequities in access to drug and alcohol treatment. Most patients in this setting are bulk billed, however, a Nurse Practitioner is at liberty to set consultation fee which recognises clinical expertise and time.

Private practice model: Public/private model
This service is provided by a Drug and Alcohol Nurse Practitioner in Victoria.

Time management:
» 0.5 FTE as a Drug and Alcohol Nurse Practitioner in a busy Emergency Department.
» 0.5 FTE in a busy sole GP private practice where the NP specialises in alcohol and other drugs.

Services offered:
» Pharmacotherapy (methadone & buprenorphine and naloxone) prescribing;
» Hepatitis C treatment and management;
» Alcohol and drug withdrawal and management;
» Harm minimisation; and
» Mental health assessment and reviews.

About the role:
This Drug and Alcohol Nurse Practitioner has roles in both alcohol and other drugs and mental health, and aims to increase the identification, management and treatment of people experiencing drug and alcohol issues. As an endorsed Drug and Alcohol Nurse Practitioner she is available to offer support, guidance, and advocacy to those affected by alcohol and drugs, in a non-judgmental and educative manner. She believes that it is important to take time to promote and provide evidenced-based practice to colleagues as well as leading by example working in a holistic and collaborative manner. This is reflected in her working style and in her interaction with patients, families, doctors, psychiatrists, and a range of other professionals within the drug and alcohol sector. She loves her job and the diversity, challenges, and experiences it brings. She always sprinkles a little magic wherever she goes.

What treatment modalities or services do I to want to provide?
This will be driven by your current and future anticipated scope of practice and the model of care you want to provide. Whilst initially you may only want to provide a limited type of drug and / or alcohol treatment options, over time you might want to expand your range of services or extend your scope of practice into areas such as mental health, chronic pain, sexual health or hepatitis C treatment. Any decision to do so needs to be guided by the NMBA's Decision Making Framework.

Scenario
Scott is a fit and healthy 34yo professional man referred to my private AOD clinic via the local drug and alcohol services for opioid replacement therapy after becoming dependent on his prescribed opiate pain medication following a sporting injury. Scott works full time and was starting to struggle with his employment attendance due to increasing sick leave and time spent away from work trying to access more prescription opiates from multiple GPs.

Action
Full history taken including: all substances, physical and mental health, current medications, allergies, social supports, accommodation, and legal matters.

Pathology required – Baseline- LFT, HCV, HBV, HIV U/E Iron and FBC.

Scott was found suitable to commence opiate replacement therapy with buprenorphine and naloxone (suboxone). He was commenced on 8mg suboxone daily for 7 days, reviewed and monitored and found to then be appropriate to switch to 300mg long acting injectable buprenorphine {LAIB}.

I have commenced a quality activity with the use of Emla patches to assist in the pain commonly associated with the LAIB injection. An Emla patch is applied to the abdominal site 2 hours prior to the injection/appt time to reduce pain.

Scott arrived at the clinic for his LAIB with his Emla patch insitu, an ice pack was applied to the area with the Emla patch on. Scott reported minimal pain with the use of the Emla and ice pack.

Scott reports his quality of life has improved both financially and emotionally since commencing the LAIB. He attends his appointment monthly and reports nil withdrawal and taking an Emla patch home with him to apply for the next visit.

This monthly LAIB injection is convenient and highly effective in managing Scott's opiate dependency.

List of treatment modalities or services to consider:
» Opioid pharmacotherapy
» Alcohol pharmacotherapy
» Withdrawal management
» Chronic pain management
» Blood borne virus treatment (including Hepatitis C treatment)
» Mental health services
» Case management
» Relapse prevention counselling programs
» Tele-health consultations
» Sexual health
» Chronic disease management.

Your scope of practice will define the services that you are able to provide. However, the benefit of being a Drug and Alcohol Nurse Practitioner is that you can expand your scope of practice to enable you to provide holistic treatment of your patients and improve the health outcomes for the individuals.

Practical aspects of care

To deliver care relevant to your group of patients you will need to consider some very practical matters such as:

- → **How will I take referrals? How will I manage appointments and follow up appointments?**
- → **Who will I treat? Are there any exclusions? Who will I refer patients to for services that I do not provide?**
- → **Where will my patients collect their medication? What dispensing arrangements need to be put in place with the pharmacy?**
- → **How will I manage complications and emergencies? Inpatient stays?**
- → **Where can diagnostic investigations be undertaken? Where is the local pathology collection centre? Radiology practice?**
- → **How will I manage leave (such as annual/holiday leave) and time off for illness?**

What things do I need to consider running a private practice?

Services Australia: forms for health professionals

Are you ready for more administrative work? To be able to practice to your full scope of practice you are going to need to complete the right documentation.

Firstly, you are likely to need a *prescriber* and *provider number*. If you plan to bill, prescribe or request services for patients that are eligible for a Medicare Benefit (or Department of Veterans' Affairs benefit) you will need these numbers. You will also need a provider number for each location where you will see eligible patients.

Visit this site: Application for a Medicare provider number or PBS prescriber number for a midwife or Nurse Practitioner form (2960) to find out more or to begin organising your provider number.

When you have your provider number(s) organised you can equip yourself with (free) Stationery for Nurse Practitioners and Midwives to allow access to the Pharmaceutical Benefits Scheme (PBS) and the Repatriation Pharmaceutical Benefits Scheme (RPBS). You will need:

» Authority prescription pads

» Personalised prescription pads

» Electronic prescription forms

» Prescriber bag supplies.

While you wait for your personalised stationery you can request interim blank pads. You might need more forms than this basic set. If you need a specific form visit Health professionals forms by title. All forms are listed by title so just type in your search term.

Using Provider Digital Access to order PBS stationery

Changes are happening to the way we prescribe. Much of the existing system is being upgraded and replaced by Provider Digital Access (PRODA), an online identity verification and authentication system. PRODA lets you securely access government online services. In addition, prescribers can now order their PBS prescription stationery through Health Professional Online Services (HPOS). To access HPOS, you will be required to create a PRODA account and the take the following steps to order stationery:

» Log on to your PRODA account

» Select **go to service** on the HPOS tile

» Select **My Programs**

» Select **PBS stationery online ordering**

From here you can:

» Place a stationery order

» View order details

» Re-order a previous order

For more information on how to order through HPOS visit here.

My Health Record and electronic prescribing

Another major change to information management has been the introduction of My Health Record. To securely interact with the My Health Record system you will need a National Authentication Service for Health (NASH) certificate and you will need to register and obtain a Health Identifier (HI) with the Healthcare Provider Identifier-Organisation.

Check the Australian Digital Health Agency for electronic prescribing information and updates.

Resources:

» Prescriber and Dispenser Fact Sheets.

Department of Health Resources:

» Electronic Prescribing webpage

» Fact Sheet.

Software Provider Resources:

» eRx Script Exchange

» MediSecure

» Best Practice

» ZedMed

» Medical Director.

More about prescribing

Drug and Alcohol Nurse Practitioners must adhere to the National Health Act and the Drug and Poisons legislation or regulations of the State or Territory in which they practice. The legislation changes frequently so you need a system in place to ensure that you obtain updated information from your own jurisdictions. Please refer to your own state or territory (links are towards the end of this document).

Keeping this in mind, 'Eligible Nurse Practitioners'[1] can access limited items under the Pharmaceutical Benefits Scheme as set out on the PBS website. When you have cleared these hurdles, you will want to make sure that your prescriptions are professionally written. Read Information for PBS Prescribers.

There may be occasions where you want to prescribe for hospital patients. The rules governing this are outlined in PBS Pharmaceuticals in Hospitals.

A Drug and Alcohol Nurse Practitioner might want to be authorised to prescribe opioid treatment, including Long Acting Injection Buprenorphine products. If so, you will need to complete a

1 Eligible Nurse Practitioners can treat their own patients, in collaboration with medical practitioners. Eligible Nurse Practitioners are not limited to providing care on behalf of medical practitioners.

prescriber's course. This is a link to a course in Queensland. The Opioid Treatment Accreditation Course (OTAC) is available to NSW prescribers, Victoria, South Australia, Western Australia. The OTAC examination is also a requirement in the ACT plus attendance at the prescriber training day organised through Alcohol and Drug Services (ADS), and a further half-day supervision with an endorsed ADS prescriber. If you wish to prescribe for more than five patients you also need endorsement with Health Protection Services. Follow links for more information about Northern Territory and Tasmania.

Collaborative Relationships

Nurse practitioners who are assigned a Medicare provider number or Pharmaceutical Benefits Scheme prescriber number have requirements for collaboration as described in sections 5 – 7 of the Australian Government National Health (Collaborative arrangements for nurse practitioners) Determination, 2010.

Handy hint:
Invest in a Personalised Professional Stamp with your details – name, qualifications, practice address/es, telephone number and prescriber number. It will save you lots of time!

Under this legislation, collaborative arrangements are required when patients want to access Medicare rebates for the services provided by nurse practitioners. The determination allows nurse practitioners to enter a collaborative arrangement with an entire health service team or a "named medical practitioner".

How can I generate an income?

What will I charge? What am I worth?

If you are going to generate an income from private practice you will need to consider what your services are worth and what you are going to charge.

Many nurses find this difficult and avoid the decision and resort to only bulk billing their patients, often rationalising their decision on the basis that 'patients cannot afford any out of pocket expense'. However, there is no specific impediment to charging above this fee. To help you with your decision you need to consider the running costs of your business and your required cash flow before determining your fees. Ultimately you should be aiming for profitability.

Be warned: there will be times when you might choose to discount your service, particularly if it is as a favour for a friend or relative but be careful not to be trapped into providing free services. Nurse Practitioners already in private practice suggest that you consider a higher fee for an initial consultation and a lesser fee for ongoing consultation.

Private practice income

Medicare is only one source of funding. Some Nurse Practitioners in private practice have developed income streams from several sources, including clinical supervision, counselling, and school health.

Bulk billing

Nurse Practitioners who provide an approved service can choose to bill the patient directly or bulk bill Medicare. If you choose to bulk bill for a service, then you agree to accept the relevant Medicare benefit as full payment for the service. Additional charges for that service cannot be raised. As there are several steps in the process of submitting claims and receiving the payment of benefits, you might find it useful to complete the Australian Government Services Australia e-Learning module on this topic.

Medicare Benefits Schedule Nurse Practitioner service items are listed in the table (right). Be sure to get your patient's consent so that the Medicare Benefit can be assigned to you.

Private practice model: scenario one

A Drug and Alcohol Nurse Practitioner who works part-time for 10 hours, one day per week for three to four weeks per month and sees 45 patients each day. The patients of this Nurse Practitioner fall into the following MBS categories:

MBS item	Time	Patients
82200	NP consult (<5 mins)	0
82205	NP consult (5–20 mins)	28
82210	NP consult (20–40 mins)	15
82215	NP consult (>45 mins)	2

MBS item	Detail
82200	NP consult (< 5mins) – useful for a very short history, a limited examination or management
82205	NP consult (5-20mins) – used infrequently, for example brief Parole and Probation request of UDS results, history taking, clinical examination, investigation, or management plans
82210	NP consult (20-40 mins) – used mostly for documentation and patient file updates. Examples include detailed history, clinical examination, investigations, management plan, preventative health initiatives, letters required for government services, court reports, Probation and Parole contact updates, Child Services contacts, Consults with Specialists, discharge, or closing files
82215	NP consult (>45mins) – face-to-face consults. Examples include taking an extensive history, clinical examination, investigations, management plan, preventative health initiatives, an assessment to commence opioid treatment programs, a review of treatment progress, a review of medication changes, relapse prevention sessions, or community withdrawal of substances
82220	Telehealth Attendance <20 minutes – video consultation with a non-admitted patient
82221	Telehealth Attendance at least 20 minutes – video consultation with a non-admitted patient
82222	Telehealth Attendance at least 40 minutes – video consultation with a non-admitted patient
82223	Telehealth Attendance at a residential aged care facility <20 minutes – video consultation with a patient in a residential care service or a consulting room within a residential care service (but not within a self-contained unit)
82224	Telehealth Attendance at a residential aged care facility at least 20 minutes – video consultation with a patient in a residential care service or a consulting room within a residential care service (but not within a self-contained unit)
82225	Telehealth Attendance at least 40 minutes – video consultation with a patient in a residential care service or a consulting room within a residential care service (but not within a self-contained unit)

Example of a fee for service structure

MBS item	Time	Patient payment	MBS patient rebate	Gap
82200	NP consult (<5 mins)	$16.00	$8.30	$7.70
82205	NP consult (5–20 mins)	$50.25	$18.15	$32.10
82210	NP consult (20–40 mins)	$86.60	$34.35	$51.65
82215	NP consult (>45 mins)	$102.65	$50.60	$52.05

This example is provided as a guide so that you can consider how many patients, billed at the current MBS rates, you might need to see each day to generate an income. It is important to take into account all the costs needed to run your practice.

Visit this site if you might want to know even more about Bulk billing for Nurse Practitioners and Midwives.

Billing software

Several companies have available billing software. Many of them also incorporate Electronic Medical Records (EMR). Synapse has an MBS billing app tailored for Nurse Practitioners. It allows you to collect payments, bulk bill, and lodge claims to Medicare and it is compliant with medical billing rules. Halaxy is another that is well regarded. It has an EMR package and billing built in. Best Practice can be operated over Virtual Private Network (VPN) and may be the most economical option. Medirecords has EMR and is moderately priced. Click here for other Vendors offering Medicare on-line claiming.

"A goal without a plan is just a wish"

—Antoine de Saint-Exupéry

Minding my own business

Am I ready for private practice?

A great way to start is to find employment with an experienced medical or nursing private practitioner. You might also like to explore websites of Nurse Practitioners already established in private practice: Pritchard Health, Leanne Boase Consulting, Bridging Health.

If you decide that this is for you begin with a business plan. Immerse yourself in it. Will I work full time or part-time? Do I have the energy and time to take this on? When developing your plan consider:

- Your goals and objectives: be clear about the patient groups that you want to work with.
- Where will I locate my business? Will I take 'sessional' times in an existing health practice? Are serviced rooms available? Are there rooms available where I currently work that I could use in the evening to see private patients? What about the local dosing pharmacy?
- You will also need to apply for an Australian Business Number (ABN), and register your business name – as a first step).
- What is your budget and financial target?
- Contingency planning. What can go wrong and how will you manage it?
- Explore Australian Government Business for more suggestions about business planning; and
- Be sure to WRITE IT DOWN! You can download a template from this site.

If you can find a copy, *Medical Business Management Developing a Successful Healthcare Practice and Business* is an excellent companion book to establishing a private practice. It is co-authored by Leanne Boase, NP.

Warning:
Do not, under any circumstances, set up a private practice without the proper business advice. For instance, if you decide to set up as a sole trader then you lack personal asset protection. Our message to you is to get professional advice and find the right legal structure for you.

Get professional advice for your plan with your bank, accountant, lawyer. Don't have a lawyer? You might be able to get some of the information that you need on-line. Try Justice Connect; Legal Advice.

Running a business

If you have your major clinical decisions made, turn your attention towards running your private practice. There is a lot to consider.

» Banking;

» There are laws around taxation, payroll tax and superannuation which must be followed. Get professional advice;

» Insurances. Do not leave home without adequate insurance; and

» Bookkeeping. Are you going to do this yourself or get professional assistance? What software is available? DANA uses MYOB but this is only one example of many.

Still not sure? Consider taking a small business course. There are several courses on-line that you could explore.

The Australian Government provides some excellent resources including a Starting Your Business Checklist. It will help guide you through some important steps. You may even be eligible for a grant to help get you established.

Do I need staff?

Employing staff adds a new level of complexity to running your business. You will need to consider:

» Recruitment and selection

» Legislative requirements associated with being an employer such as taxation, superannuation, leave entitlements

» Workplace health and safety

» Training

» Policies and

» Day to day operation.

Caution: do not employ staff without first visiting The Fair Work Ombudsman. This site has a great range of resources and courses.

Other considerations

→ **What equipment do I need?**

→ **What risks do I need to consider and manage?**

→ **Staying in touch. Am I getting the most out of my mobile device? It's useful for more than just calls, messages and social media.**

Patient records

The laws and regulations around the management of patient records is beyond the scope of this document. Several sources of information are available to you. Visit My Health Record. The RACGP also has excellent information available.

Don't forget, you will need to keep medical records for: a minimum of *seven years* from the last entry of an adult, and until any patients who are children are *25 years* of age.

Handy hint:
Always document consultation start time and consultation finish time (this way if you are audited by Medicare your clinical notes will reflect the time you spent with the patient during the consultation).

Marketing

After meeting all these challenges, you might be excited to promote your Drug and Alcohol Nurse Practitioner business. You can, but there is a strict set of rules to follow and standards to meet.

Read the information provided by the Nursing and Midwifery Board of Australia: Advertising a regulated health service and their Social Media Guide. Be sure to get out and meet the other health care providers near your location!

Clinical governance

Clinical governance describes a systematic approach to maintaining and improving the quality of patient care within a clinical care setting. Its purpose is to protect the public and improve the quality of care provided.

Make sure that you have in place a means of quality assurance, to test that you meet the minimum standards for quality and safety and a system for improving quality.

It can help to divide clinical governance into four separate categories:

» Staff effectiveness

» Clinical standards and evaluation

» Risk management

» Consumer participation.

Examples of quality assurance and improvement activities

Evaluating a Drug and Alcohol Nurse Practitioner service
Evaluation of your service is essential. Various documents to assist with this are available in the Appendix IV of this document. Feel free to adapt these documents to meet your requirements.

Peer consultation
Formal peer consultation can provide you with new and different ideas, perspectives, and re-energise you. It allows you to access and share information, discuss opinions, receive support, monitor best practice, and obtain rigorous evaluation of your own professional activities within a professional context.

It can occur in several ways, including professional case presentations, informal and formal individual consultations with experienced practitioners, formal peer review, and regular group meetings (involving both case and topic discussions) between practitioners with differing levels of experience.

If you are in a region where Drug and Alcohol Nurse Practitioner positions are only newly established, consider creating a formal process with a Medical Officer as a means of ensuring continuity of care within the service and as an additional method of demonstrating collaborative practice in the delivery of patient care.

The Peer Consultation template in Appendix II provides Nurse Practitioners a method of recording their Peer consultation discussions. It demonstrates collaborative practice and continuing professional development (CPD).

Clinical supervision of Nurse Practitioners / Nurse Practitioner candidates / Transitional Nurse Practitioners
Although not a mandatory requirement for Nurse Practitioners, as a nursing leader you may be requested by Nurse Practitioner candidates to engage in clinical supervision of their practice, skill development, improve problem solving and formulation of care and development leadership skill from time to time.

Only you can determine whether you have time to support clinical supervision of Nurse Practitioner candidates.

Useful links

Nursing
Australian College of Nurse Practitioners
Australian College of Nursing
Australian College of Mental Health Nursing
Drug and Alcohol Nurses Australasia

State and Regional Health Services
Queensland Health: Office of the Chief Nurse: Nurse Practitioners
NSW Health: Nurse Practitioners in NSW
Vic Health: Nurse Practitioners
SA Health: Nurse Practitioners
WA Health: Nurse Practitioners
Dept of Health: Nurse Practitioners
NT Health: Nurse Practitioners
ACT Health: Nurse Practitioners
Tas Health: Nurse Practitioners
Nursing Council of New Zealand: Nurse Practitioners

Prescribing
National Prescribing Service - radar
Australian prescriber
Australian Medical Handbook link on prescribing guidelines
Complete the National Prescribing Service (NPS) training module on Get It Right! Taking a Best Possible Medication History
MBS: Health profession E-learning resources

Education, Resources, Guidelines
Insight education
Insight tool kits
Insight guidelines

Insight resources
Dovetail
Australian Drug Foundation
Turning point
Better pain management
Pain Australia (education)

Opioid Treatment Information
Queensland OTP
Queensland LAI-Buprenorphine guidelines
Queensland withdrawal guidelines
NSW OTP information
NSW OTP Guidelines
NSW LAI-Buprenorphine guidelines
NSW withdrawal guidelines
ACT OTP
VIC OTP
SA OTP
WA OTP guidelines
Tasmania OTP guidelines
Northern Territory
Interim guidance for the delivery of medication assisted treatment of opioid dependence in response to COVID-19: a national response. Click **HERE.**

Naloxone Information
Naloxone information

Sexual and Reproductive Health Information
STI guidelines
ASHM
NSW Family Planning

Victoria Family Planning
Tasmania Family Planning
Queensland True relationship and reproductive health
Western Australia Sexual Health Quarters
ACT Sexual health and Family Planning
NT Family Planning Welfare Association
Contraception decision guide

Hepatitis C Information
Hep C guidelines
ASHM

Chronic pain
Chronic Pain Australia
Pain Management Network
Pain Australia
Australia Pain Management
Mindspot

Acute pain
Acute Pain Management: Scientific Evidence
Information listed under the appendices can be accessed by DANA members through the DANA website's "Members' Only Page". To gain access you will need your membership email address and password.

Appendices

Information listed under the appendices can be accessed by DANA members through the danaonline.org Members Area. To gain access you will need your membership email address and password.

Appendix I

Drug and Alcohol Nurse Practitioner Patient Survey

Appendix II

Supervision / Peer Consultation

Appendix III

Clinical Tools

Appendix IV

Drug and Alcohol Nurse Practitioner audit tool

Appendix V

Business case template

Developing a business case

Other references

NMBA 2019 Social Media Guidelines

Australian Commission on Safety and Quality in Health Care: National Safety and Quality Health Service Standards

Bernadette Keane, RN, FRCNA (retired) 2018 Minding your own business

Hina Bhimani, Nicola Graham & Sian Pritchard 2020 Electronic Prescriptions - Update for Nurse Practitioners

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