



Australian Government Department of Health and Aged Care Effectiveness Review of General Practice Incentives

15 January 2024

Annie Butler
Federal Secretary

Lori-Anne Sharp
Federal Assistant Secretary

Australian Nursing & Midwifery Federation
Level 1, 365 Queen Street, Melbourne VIC 3000
E: anmfederal@anmf.org.au
W: www.anmf.org.au



Introduction

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 320,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care, and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The current imperative for health reform in Australia offers a unique opportunity to refocus our health policy and funding strategies to ensure equitable and appropriate access to healthcare by all people living in Australia. Reform requires a broadening of perspectives that acknowledge the importance of primary health care (PHC) and supports primary health care teams. This approach looks at the promotion of health, the prevention of disease and injury and the reduction of health inequities for all people in Australia. Our feedback has considered the four domains highlighted in the review: impact, effectiveness, efficiency, and sustainability.

Amending the Workforce Incentive Payment Practice Stream funding mechanism to better enable employment of nurse practitioners, nurses, and endorsed midwives in PHC is strongly recommended.

Nurses and midwives comprise the largest group of health practitioners working in PHC. However, barriers such as a lack of understanding regarding nurses and midwives' education and scope of practice, prevent PHC nurses and midwives in Australia from working to their full scope of practice (SoP) and capacity. This effectively denies the Australian public access to practitioners who possess the education, experience, and skill to deliver PHC.

A lack of funding for nurses and midwives as well as resistance to change from health practitioner colleagues and other workers in the sector, further limit SoP and deskills nurses and midwives working in PHC.



Eligibility requirements

Eligibility requirements for the WIP Practice Stream include employment of at least one full-time or part-time general practitioner (GP). This requirement is unnecessary and should be removed. Nurse practitioner-led services and endorsed midwives should be eligible for the WIP Practice Stream payment to assist them to engage nurses and midwives able to provide PHC services. Expanding the WIP program to endorsed midwives offers the potential to ensure access by communities to midwifery/maternity care and the opportunity to develop partnerships with local maternity services. Additionally virtual consultations could be employed by local, regional or remote services to allow collaboration and consultation with larger maternity services.

Funding for employment of nurses and midwives under the WIP Practice Stream should be separate from other members of the PHC multidisciplinary team. Participation of nurses and midwives in the provision of PHC is essential to achieving improved population health outcomes and better access to PHC services for communities. The care provided by nurses and midwives cannot be provided by allied health professionals or Aboriginal and Torres Strait Islander health workers and health practitioners. Their roles are not interchangeable, and scopes of practice are different. A separate funding stream for nurses and midwives will also assist with the provision of comprehensive and relevant workforce data for the sector. The introduction of the nurse practitioner role in Australia has improved PHC care access for marginalised, disenfranchised, and geographically isolated populations while providing nursing expertise, leadership and holistic care in diverse contexts such as palliative care, cardiac health, mental health, pain management, alcohol and other drugs, and renal replacement therapy. Extending the services nurse practitioners and endorsed midwives can provide will improve continuity of care and reduce the fragmentation of care by facilitating comprehensive assessment, evaluation, and treatment by nurse practitioners and endorsed midwives. It also offers increased opportunities to initiate health promotion discussions and disease prevention activities, thereby reducing the development, progress, and burden of preventable health conditions.

Practices that employ or engage the services of a nurse practitioner or midwife with an endorsement for scheduled medicines with their own provider number are not eligible to claim the WIP Practice Stream incentives for any time they spend on the relevant Medicare Benefits Schedule (MBS) services. Given that MBS rebates for care provided by nurse practitioners and endorsed midwives remains considerably lower than their medical colleagues, this requirement should be removed to allow practices to receive the incentive to subsidise the wages of nurse practitioners, nurse practitioner candidates and endorsed midwives.



Nurse MBS Item Numbers

The remaining MBS item numbers for nurses delivering telehealth items and follow up services for health assessment and chronic disease management items should be removed. Despite the block funding through the WIP Practice Stream incentive, these remaining MBS item numbers serve to dictate and limit nurses and midwives' scopes of practice to only those items that can be billed. Following removal of these MBS item numbers, the WIP Practice Stream incentive payment needs to be increased to encourage and incentivize practices to employ nurses and midwives to work to their full scope of practice to address the primary health care needs of the community they are servicing. Payment needs to be linked to the work nurses and midwives provide in general practice.

Focus of the Review

Domain 1: Impact

Exploring the extent to which incentives have achieved policy objectives, such as progress towards the Primary Health Care 10 Year Plan.

Tying PHC incentive payments to general practitioners effectively reduces access to PHC by the public and fragments care as it limits the number of primary care providers able to deliver the full breadth of PHC services in Australia.

Domain 2: Effectiveness

Examining the effectiveness of each incentive as a funding mechanism for influencing systemic reform across the primary health care sector.

Given that the aim of incentives is to enable access to PHC services by those living in Australia, the WIP payment would be more effective if reconfigured and used to employ nurses through block funding models that did not tie payments to general practitioners. It would also allow nurse practitioners to employ nurses and midwives in nurse-led general practice settings and be expanded to community based, midwife-led models of care.

Domain 3: Efficiency

Considering the efficiency of incentive and payment stream mechanisms in achieving outcomes. This will include consideration of administrative processes and eligibility.

As stated in domain one, the incentive payments result in a specificity that maintains general practitioners as the gatekeepers of PHC. This is an ongoing issue especially in areas and regions where GPs do not work, for example in some rural and remote areas or with vulnerable populations such as people experiencing homelessness. Where GPs remain gatekeepers of the PHC context, community members will have reduced



access to PHC services and nurses and midwives will be unable to work to their scope of practice, leading to dissatisfaction and de-skilling of this essential workforce.

Practice incentive programs (PIP) including the teaching payment stream, the aged care access incentive stream, the procedural payment stream, and the afterhours incentives stream should be available to nurses and midwives working in PHC without being tied to general practitioners. Additionally, appropriate amendments should be made to the eHealth Incentive Guidelines for nurses and midwives with an individual health care provider identifier (HPI-I)

Domain 4: Sustainability

Assessing the ongoing sustainability of incentive payments into the future. This includes consideration of ongoing investment and long-term outcomes.

There is enough work for all members of the multidisciplinary team in the context of PHC. Nurses and midwives have the largest health workforce in Australia and are the most geographically dispersed. They are highly educated and able to expand their SoP to meet the needs of the communities in which they work. Redefining the WIP incentive so nurses and midwives are block funded and not tied to a GP, provides the community with greater access to and choice of primary health care practitioner as close as possible to where they live.

Conclusion

Thank you for this opportunity to provide feedback to the public consultation for the effectiveness review of general practice incentives. The ANMF strongly supports the reform of the Workforce Incentive Payment Practice Stream to better enable the employment of nurses and midwives and to better support them to work to their full scope of practice. In addition, the Practice Incentive Program and the Workforce Incentive Program Doctor Stream should be expanded to include nurse practitioners, endorsed midwives and midwives in primary health care.