

## **MEDICARE PLUS AND THE IMPLICATIONS FOR PRACTICE NURSING.**

(Brief provided to the Australian Government – Department of Health and Ageing compiled from comments and feedback received from Divisions of General Practice – 13<sup>th</sup> January 2004)

### New Item numbers for practice nurses

1. Medicare Plus introduces item numbers for specified services provided by a practice nurse working in general practice however there is no definition of what type of nurse is defined as a practice nurse. Both registered and enrolled nurses work in general practice. The types of procedures that registered and enrolled nurses perform will vary from practice to practice depending on the competence and experience of the nurse. The scope of practice will also vary from state to state depending on the guidelines set by the state registering authority (i.e. Nurses Registration Board). The Schedule for Medicare Plus should contain some explanatory notes defining the term 'practice nurse' to be developed in conjunction with the Chief Nursing Bodies.
2. Some of the information relating to Medicare Plus states that practice nurses can provide the service (new item numbers) under the "broad supervision" of the doctor but without the GP needing to be present. The term broad supervision needs to be defined in order to avoid confusion. For example does broad supervision require that the GP needs to be physically present in the same room; in the practice; or perhaps providing indirect supervision so that the GP is easily contactable but not actually present.
3. It is understood that the new item numbers will attract a subsidy to the GP of \$8.50, regardless of the length of time taken for the nurse to deliver the service, or the complexity of the task (see point 4). This small fee belittles the level of knowledge and expertise required by the nurse to demonstrate competence in immunisation and wound care, and it would not cover the overhead costs associated with the delivery of the service – wages, consumables etc.
4. Wound Care. The types of dressings undertaken in general practice for wounds varies significantly from simple dressings to complex wound care which is resource intensive and time consuming. Having one item number for wound care will not take into account the time and human resource cost of these procedures.
5. Immunisation. There are a number of issues regarding immunisation that require clarification.
  - 5.1. In order for a practice nurse to administer immunisation is that nurse required to be an accredited nurse immuniser? At present the guidelines for immunisation vary from state to state with some states requiring that any nurse that administers immunisation must undertake an accredited immuniser course. It is strongly recommended that the new item number require the nurse immuniser to be formally accredited in order to ensure a high level of safety and quality service to patients. This would require that all practice nurses are easily able to access this training, ongoing reaccreditation and support.

5.2. GPs currently receive a service incentive payment of \$18.50 paid on the completion of each schedule as per the National Health Medical Research Council (NHMRC) standards for childhood immunisation. If a practice nurse undertakes this task on behalf of the GP will the GP still be eligible for this payment?

An additional 457 practice nurses and/or allied health workers funded through grants to work with GPs in urban areas of workforce need.

1. How will 'urban areas of workforce need' be defined in order to ensure equity of access to a quality service to all people living in urban areas?
2. In the 2001-2002 Practice Incentive Program for Practice Nurses, eligible practices were able to receive an incentive payment to employ either a practice nurse or an aboriginal health worker depending on the needs of the practice. Will this same principle apply under Medicare Plus?

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