

The \$390m GP NURSE TRADE-OFF

The federal Budget announcement to inject millions into general practice nursing has raised more questions than answers. *Andy Kollmorgen reports.*

UNDERHANDED, shameless, tricky, dumb, disgusting and a con – this is the verdict from GPs on the Federal Government's new plan to inject \$390 million into general practice nursing, if the letters and emails to *Medical Observer* are any guide.

The plan, no doubt intended as a positive federal Budget policy announcement from Canberra, does not appear to have won over

the nation's GPs – the very people who need to get behind it if it has any chance of taking off.

The sticking point, it seems, is the Government's plan to replace long-standing MBS nurse items with a new funding model.

But critics say the money – to be capped at \$125,000 per practice – is not a fair trade for the cash that will disappear if nurse item numbers are scrapped.

They also say the plan is self-defeating. Without MBS items for vaccinations and wound care in particular, doctors say they will be forced to scale back on nursing staff or not hire them at all – an ironic twist that runs counter to the Government's goal.

Few GPs have so far indicated a willingness to take part.

Practice owners, who will ostensibly benefit from the new arrangement, say nurse item numbers are central to business and abolishing them may force them to cut staff, including nurses.

GP contractors fear their income could drop, since they will no longer have access to the items and have not been offered a share of the \$25,000 per GP for registered nurses and \$12,500 for enrolled nurses the scheme provides. One independent doctor told *MO* he would face a \$100 per day loss. That's more than \$30,000 a year – no small sum.

NSW GP practice principal Dr Phil Godden is all for putting more nurses to work but says the Government's plan "creates a whole bunch of new issues that

will leave practices no better off and perhaps slightly worse off.

"It would have made more sense to fund a wider range of nursing responsibilities as an item number. Nurses in our practice are quite distressed. They're worried that this new measure could mean less work for them. I absolutely think something needs to be done to encourage the use of more nurses, but I don't think this is the way to do it."

GP practice finance expert David Dahm says it's hard to make an informed response at this stage because the mechanics of how the money will be delivered have not been revealed.

"The problem is that there aren't enough details to make a call," he says.

What is on the table does raise some issues, however.

"This measure is going to affect practices in different ways. If you've got 10 nurses in your practice, it's going to hit you pretty hard. The critical thing is how many nurses you employ and what those nurses are employed to do. Practices with low MBS productivity – those that employ nurses for services well beyond those MBS items numbers – should come out ahead. However, if nurses in your practice are paid as a percentage of MBS, you could be in trouble."

The Federal Health Department says the plan's premise is to "help take pressure off GPs by providing clinical support in areas such as wound care and immunisation", the very areas that dissenting GPs say will be left short. It cites the AGPN as the source for showing "that practices employing a practice nurse see more than 800 extra patients each year", or an extra 3.8 million annually.

POTENTIAL FLAWS

However, AGPN chair Dr Emil Djakic is concerned the plan is potentially flawed.

Rural practices may be hardest hit, he says, since Practice Incentive Programs already in place may be undermined by the removal of MBS funds.

"Clearly this needs to be made equitable," he says.

"The intent of the program was not to see nurses heading out the door. As these cases come forward there will be a need to look in detail at the modelling."

Dr Djakic says it's important to remember that the purpose of the measure is to encourage the uptake of nurses in urban areas, where their use is limited to about 40% of practices.

"The intent was to increase the flexibility of those practices that don't currently have nurses. We would be quite distressed if this started demonstrably going backwards."

Group practices that rely heavily on MBS item numbers related to nursing duties "will need to look at what funding is on the table and how they bill for those services".

The Australian Association of Practice Managers (AAPM) has laid out a particularly detailed scenario of unintended effects, including a potentially hard hit on practices that have previously adopted Government programs to increase nurse employment.

AAPM national president Brett McPherson says the organisation "supports a program that encourages the development of a practice team to *page 17* ▶

page 16 enhance the delivery of primary care, provided such programs are not to the detriment of those practices that have shown initiative and embraced the concept previously”.

“Costing and financial modelling would need to be done on an individual practice basis to accurately ascertain the financial impact for that practice,” Mr McPherson says.

“For the past two to three years, practices have been actively encouraged and provided incentives by the Government to better utilise nurses in general practice. Any move that may now threaten practice nurse utilisation will have a detrimental effect to the delivery of primary care in general practice.”

While the RACGP supports the measure in principle, it concedes the details need to be worked out. RACGP president Dr Chris Mitchell maintains “the incentives that help fund nurses in general practice across Australia are very important and will support the delivery of care to our patients”. However, he adds that “those contractors that were accessing Medicare reimbursements from the practice for nursing activities in rela-

Doing the sums

THE Australian Association of Practice Managers (AAPM) has identified areas in which the Federal Government’s new nurse funding plan doesn’t seem to add up. However, the association says it has been assured by the Health Department that there will be a chance to modify it to minimise the impact on GPs.

Of particular concern “is the assumption that the cost of a Division 2 enrolled nurse is one-half that of a Division 1 registered nurse – this is not the case,” AAPM president Brett McPherson says.

Another question is whether there will be any consideration or compensation “for a practice that has supported additional

skills training for a Division 2 enrolled nurse that allows for utilisation of those additional skills, including medication management, cannulation training and certification”.

Mr McPherson says contractors will have to be included in the Government plan to make it palatable to the GP workforce as a whole.

“I do not believe the market or practice reality will allow [contractor] GPs to be excluded from some form of access to funds,” he says.

And as the plan is currently laid out, some practices may be excluded as well.

“Depending on how the

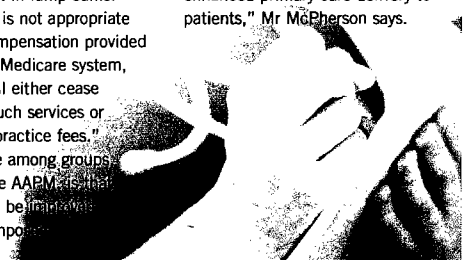
practice is structured, there may be limitations on becoming a fund receiver or service provider. Expert advice would be required on this issue.”

Most critically, Mr McPherson says the Government should re-think its plan to replace MBS rebates with \$390 million parcelled out in lump sums.

“If there is not appropriate financial compensation provided through the Medicare system, practices will either cease to provide such services or implement practice fees.”

The hope among groups including the AAPM is that the plan will be modified before it’s imposed.

“[The Health Department] has indicated that through consultation leading up to implementation, opportunities may exist for refinements to occur that, while still reflecting the original intent of the incentive, provide enhanced outcomes for GPs, practice nurses and practices and enhanced primary care delivery to patients,” Mr McPherson says.



tion to Pap smears, vaccinations, dressings and the nurse GP Management Plan review item 10997 will need to have discussions with practice owners to ensure there is a fair resolution to these changes under their contract”.

The Australian Practice Nurses Association is more upbeat. CEO Belinda Caldwell agrees affected parties need “to see what the business rules look

like”, but says those who stand to lose out “are around the edges”.

“The great majority of practices will benefit from this scheme. As far as we can see, the majority of them will get more money than they would under practice nurse item numbers.”

However, Ms Caldwell does agree that non-accredited practices with nurses on staff “will be adversely affected if they don’t

seek accreditation”, while contractors will need to renegotiate their billing contracts.

“Taking the MBS money away and giving it to practices shouldn’t change what the practice does,” she says.

GP groups have until July next year to make their case on the most equitable way to distribute the \$390.3 million and bring 4600 new nurses into the health

workforce. Ms Caldwell says that should be enough time to come to terms with this new direction.

“This is a challenging mindset, and we don’t have the clear business cases yet. I think it’s great that we have 13 months before this comes in,” she says.

Many GPs will be hoping she’s right, and that 13 months is enough time to iron out the wrinkles.

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