

APNA submission to the:

*The Australian Government's Private Health
Insurance Reforms Consultation Document
December 2020.*

February, 2021

About APNA

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care. APNA champions the role of primary health care nurses; to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care.

APNA is bold, vibrant and future-focused. We reflect the views of our membership and the broader profession by bringing together nurses from across Australia to represent, advocate, promote and celebrate the achievements of nurses in primary health care.

www.apna.asn.au

Our Vision

A healthy Australia through best practice primary health care nursing.

Our Mission

To improve the health of Australians, through the delivery of quality evidence-based care by a bold, vibrant and well supported primary healthcare nursing workforce.

Contact us

APNA welcomes further discussion about this review and our submission. Contact:

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Introduction

The Australian Primary Health Care Nurses Association (APNA) welcomes the opportunity to contribute to the Australian Government Department of Health's Consultation Paper: Private Health Insurance Reforms- second wave- December 2020.

We are providing this submission on behalf of our membership of Australian primary health care nurses.

Background

Primary health care nurses are the largest group of healthcare professionals working in primary health care. In Australia, at least 84,000 nurses work outside of the hospital setting in primary health care (Department of Health 2019) including nurse practitioners (NPs), registered nurses (RNs), enrolled nurses (ENs) and registered midwives (RMs). These nurses are skilled, regulated and trusted health professionals working in partnership with the multidisciplinary team and their local communities to prevent illness and promote health across the lifespan. They work in a range of clinical and non-clinical roles, in urban, rural and remote settings including:

- general practice
- residential aged care
- correctional health (juvenile and adult)
- community-controlled health services
- refugee health services
- alcohol and other drug rehabilitation services
- primary mental health services
- health promotion services
- antenatal clinics and maternal child health services
- domiciliary settings – in the home, boarding houses and outreach to homeless people
- custodial/detention settings
- educational settings – including preschool, primary and secondary school, vocational and tertiary education settings
- specialist practices including skin and cosmetic clinics
- occupational settings – occupational health and safety and workplace nursing
- informal and unstructured settings – including ad hoc roles in daily life, such as sports settings and community groups

The role for nurses within primary health care is clear. Nationally and internationally, nurses are now being seen as essential to achieving improved population health outcomes and better access to primary health care services for communities. A broader and more central role for nurses within a team-based, multi-disciplinary approach to care, enables health services to deliver essential holistic, person-centred management of chronic disease, and importantly it offers an opportunity to move from a disease focused approach to care to focusing on the prevention of illness and health promotion (ANF 2009; Crisp and Iro 2018).

About the review

APNA understands the views and recommendations in the report from the consultation document have been released for the purpose of seeking stakeholder feedback. We understand that this report does not constitute the final position on these items, which is subject to stakeholder feedback followed by consideration by the Department of Health.

APNA Submission

APNA's overarching view of the Private Health Insurance Reforms- second wave- December 2020

APNA welcomes the opportunity to provide feedback on the Australian Government's Private Health Insurance Reforms Consultation Document December 2020.

APNA supports the focus on encouraging greater private health insurance participation for Australians who desire greater choice in the provision of treatment and services, coverage for services which are not included through Medicare and shorter waiting times for some services. The current range of private health insurance products fails to adequately cater for those consumers with complex or chronic disease and this presents an opportunity to encourage private health insurers further involvement in the management, treatment and coordination of care within these areas of primary health care.

However, APNA would oppose any changes to the current system that might encourage preferential treatment to private health insurance consumers and their ability to access primary health care services. Any change must not compromise the principle or cost of universal access of healthcare for Australian consumers who are not privately insured.

APNA's response to the Private Health Insurance Reform Consultation Paper

Consultation 2: Expanding Home and Community Based Rehabilitation Care

APNA supports the consultation paper's proposed policy for the development of a rehabilitation plan that includes out of hospital care. The opportunity for the patient to receive home and community - based rehabilitation care has the potential to lead to stronger patient centred, team-based care.

If private health providers were to offer an expanded range of models of care that are cost- effective and specifically tailored to the patient's rehabilitation plan, this would reduce the burden on the public health system for those who have the means to access private health providers in their home or community. Australian public hospitals are struggling to cope with the demand for their services, and this would reduce hospital waiting lists for Australians who require in- hospital rehabilitation treatment who do not or are unable to afford private health insurance.

As referred to in the consultation paper, The Royal Australasian College of Physicians and Australasian Faculty of Rehabilitation Medicine (AFRM) *Standards for the provision of Inpatient Adult Rehabilitation Medicine Services in Public and Private Hospitals February 2019* outlines a range of elements for standards of rehabilitation service provision, and this included:

- “Therapy ... generally includes physiotherapy, occupational therapy, and speech and language therapy, delivered by professionally qualified and skilled staff, or by allied health assistants under the supervision of professionally qualified allied health staff.”

Nurses are a regulated profession. Primary health care nurses fall within this category of health professionals who have the education and skills to provide at home and community- based rehabilitation care. Utilisation of the primary health care nursing workforce should not be overlooked. Primary health care nurses are trained and qualified to provide:

- Wound care;
- Assistance in the management of medication; and
- Home and community education sessions.

Data from APNA’s 2019 Workforce Survey indicates that there is clear demand from primary health care nurses to be further utilised, with:

- 33.3 per cent wanting to perform more diabetes education and management;
- 42.2 per cent wanting to deliver more health education to groups or consumers;
- 23.5 per cent wanting to prepare more care plans; and
- 31.0 per cent wanting to complete more home visits (APNA, 2019).

APNA believes that utilising the skills of the primary health care nurses in the development and implementation of a rehabilitation plan and care would offer a stronger, cost- effective, community based, in- home support that would decrease the financial and access burden on both patient, the health system and insurers. Recent evidence suggests that in order to ensure maximum quality of care and patient safety within primary health, collaborative, multidisciplinary team care will be required (ANMF, 2009). Integrated models of care have been argued to reduce hospital and acute care demand and improve population health outcomes through prevention of illness, management of chronic disease and accessibility of services for communities both rurally, regionally and in metropolitan areas (ANMF, 2009).

Nurse involvement in models of care result in improved outcomes, high quality of care and patient satisfaction (APNA, 2016). A review of the literature has found nurse models of care reduce waiting times, enhance continuity of care, provide a holistic approach to treatment and reduce pressure on medical clinics and consultant time (APNA, 2016). This enables nurses to have greater responsibility over patient care, to work autonomously, and to work holistically with patients on rehabilitation, counselling and discharge planning. Often nurses can hold longer consultation times which enables a

greater insight and understanding of the patient's unique perspective and provides appropriate and tailored health care.

Thus, rehabilitation treatment in the home and community based settings is based on the medical practitioner's medical expertise that the patient would still receive optimal health support which would yield strong patient outcomes. A team based approach to the development of rehabilitation treatment plans would enable careful consideration to pre- and post-surgery outcomes, patient need, private health provider and the professional and qualified health staff who would assist in this treatment. Primary health care nurses have the qualifications to assess whether a patient requires further specialised treatment and can liaise with the patient care team and provide reports to the patient's general practitioner, medical specialists and aide care co-ordination. APNA believes that such a move would help to improve access, decrease care burden and decrease risk for a significant number of private insured patients and add to the attraction of some private insurance products.

APNA recommends:

- Team based models of care in the provision of home and/or community-based rehabilitation care.
- Active and utilised role of the primary health care nurse within a patient's care team.
- Increasing patient choice, accessibility and care options in the community that could be provided under a private health insurance model.
- Private health insurance rebates for the cost of nursing services provided as in-home care.

Consultation 3: Out of Hospital Mental Health Services

APNA supports the Australian Government's three-part policy aiming to increase the out of hospital mental health services available for private health consumers. This approach supports the move towards preventative health care and encourages taking a holistic approach to an individual's overall mental, physical, social, emotional and spiritual wellbeing.

Private health consumers often receive treatment and services outside of hospital and would prefer the option to do so through their private health provider. There are also many private health care consumers who through the provision of out of hospital mental health services would see a reduction in their admission to hospital for mental health related treatment and services. Likewise, ensuring that there is additional access to services and treatment for mental health and chronic mental health illnesses ensures that private health consumers who can afford such providers will reduce the burden on the public health system.

Specifically indicated through proposed policy part two:

- “Private health insurers could be explicitly allowed to directly fund the mental health services of a wider range of allied health professionals as part of the chronic disease management programs (CDMP)”.

Primary health care nurses are vital in the provision and delivery of mental health care in both the home and community setting. These nurses have the expertise through their education, training and experience as a qualified health professional to work in the treatment and management of mental health care and CDMP. Nurses address physical, psychological and social issues as required for each individual consumer. Likewise, due to the long- term engagement of nurses who with consumers, their families and carers over time this allows them to be involved in difficult conversations and on-going care in areas including behaviour change, advanced care planning and mental health and well-being (ACMHN, 2018).

Specifically, APNA’s 2019 Workforce Survey found that:

- 27.9 per cent of primary health care nurses wanting to perform more mental health assessments;
- 31.2 per cent wanting to perform more mental health education and management; and
- 47.1 per cent wanting to do more organised health promotion activities (APNA, 2019).

As outlined in the *Mental Health Practice Standards for Nurses in Australian General Practice 2018*, a primary health nurses’ scope of practice includes the following:

- Recognition of signs and symptoms of mental health issues across the lifespan
- Proficiency in mental health first aid skills, including effective and safe communication techniques for interacting with individuals experiencing mental health issues
- Clear understanding of common screening tools used in mental health assessment and applies them in clinical practice
- Understanding of the interrelationship between mental health and physical co- morbidities, co- occurring conditions and mental health
- Demonstrated understanding of therapeutic principles related to person centred care and mental health, including early intervention, trauma informed care, strengths focused, holding hope, personal recovery and enhancing resilience
- Provision of evidence-based interventions and support for people with mental health issues, including motivational interviewing and brief solution focussed interventions
- Demonstrated understanding of medications used to treat mental illness including administration considerations, their impact on physical health and monitoring required
- Provision of information about and facilitates access to programs and services that support positive mental health in collaboration with the general practitioner
- Provision of health promotion and preventive care around physical health and social factors that impact mental health

- Pursues opportunities to reduce stigma and discrimination around mental illness in the general practice setting and
- Considers options for funding of mental health service delivery, including private health insurance, National Disability Insurance Scheme and relevant funding schemes, based on individual circumstances (ACMHN, 2018).

Evidently, this is a wide spectrum of tasks that primary health care nurses are educated, competent and authorised to perform. However, models of care that better utilise nurses in mental health provision will require adequate funding and resources.

APNA recommends:

- Private health insurance rebates that enhance utilisation of primary health care nurses in the provision of out of hospital mental health services.
- Private health insurance rebates that ensure the facilitation of adequate resources, funding and support for primary health care nurses to provide out of hospital mental health services.
- Private health insurance rebates that facilitates access to credentialled mental health nurse support and case management.

Concluding comments

The private health insurance sector is one that is complex and confusing. This makes it difficult for consumers to make a considered judgement about the health insurance product that best meets their individual needs. Therefore, the Australian Government need to ensure that there is transparent communication from private health insurers in relation to the information being provided to private health consumers about what is being offered for home and/ or community based rehabilitation care and out of hospital mental health services.

It is imperative that the Australian Government ensures that there is a set baseline of requirements for rehabilitation and mental health services that need to be met by the private health insurer so that all private health consumers receive a minimum level of care.

Likewise, further investment by private health insurers in primary health care must not be to the disadvantage or detriment of Australians who do not have or cannot afford private health insurance. The principle of universal access to healthcare for Australian should also apply to those who are not privately insured.

Better utilisation of primary health care nurses in the provision of rehabilitation and mental health care will lead to stronger outcomes and APNA recommends:

- Team based models of care in the provision of home and/or community based rehabilitation care.
- Active and utilised role of the primary health care nurse within a patients care team.

- Increasing patient choice, accessibility and care options in the community that could be provided under a private health insurance model.
- Private health insurance rebates for the cost of nursing services provided as in- home care.
- Private health insurance rebates that enhance utilisation of primary health care nurses in the provision of out of hospital mental health services.
- Private health insurance rebates that facilitates adequate resources, funding and support for primary health care nurses to provide out of hospital mental health services.
- Private health insurance rebates that would facilitate access to credentialled mental health nurse support and case management.

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