Rural Health Services Inquiry

Submission by Leahanna Stevens

Nurse Practitioner

Thank you for the opportunity to submit to this inquiry. My name is Leahanna Stevens. I've been a Registered Nurse for 24 years and a Nurse Practitioner (NP) for 14 years of this time. I possess a Diploma in Child Health, a Masters in Advanced Practice - Emergency Nursing and Masters in Nurse Practitioner. I've worked in Emergency Departments for the last 22 years. More recently I have gained further qualification in Functional and Integrative Medicine and set up my own private practice focusing on disease prevention. I see myself as a well-balanced grounded clinician with an excellent understanding of the acute and chronic healthcare needs for our community.

My focus for this submission is about access to health care for the community, for Nurse Practitioners and ideas for innovative change:

It is well documented and reported by many that we have a shortage of doctors in Tasmania. A recent statement in the ABC News (May 10th, 2021) quoted Dr Saul from the Tasmania Branch of the AMA that "there are 54 advertisements for doctors in rural Tasmania. Vacancies that just can't be filled", also stating that he suspects "numbers are actually higher than this because some surgeries have given up advertising"

Why is it that we seem to focus on doctors as the only answer to all our health care needs?

With all due respect to my medical colleagues, do we really need a doctor for all our healthcare needs?

Do you need a doctor for your laceration, broken arm or sprained ankle? Do you need a doctor for your ear infection or sore throat? Does your child need a doctor for immunizations? These are only a few simple examples of injury and illnesses that are very common reasons for presentation to both EDs and General Practice.

Whilst NPs have been practicing in Australia for the last 21 years, the growth in numbers has been slow despite the body of evidence to demonstrate that NPs are safe and effective way to support the demands of heath care in our communities. NPs have extensive post-graduate clinical experience (ACNP Position Statement, 2021). They possess the legal authority to practice both independently and autonomously at a level of practice that is beyond that of a RN. They perform complete health assessments, request pathology and x-ray investigations, prescribe medications, complete medical certificates, and refer to other specialists and, collaborate and support GPs.

Barriers to NP practice

For NPs to set up their own business in the current climate we need some key limitations addressed immediately:

Poisons Act

The Tasmanian Poison's Act needs to be updated to align with the prescribing qualifications of NPs. As a NP we can prescribe schedule 4 drugs which include antibiotics and analgesia. Limitations by example are the prescriptions antibiotics but not immunisations. Should a patient book for a whooping cough vaccine, the NP can give it to a pregnant woman without consulting a GP, but not her partner. The NP then needs to book a GP appointment for her partner to get a prescription.

NPs are restricted from prescribing unregistered medicines through the TGA regardless of Schedule. An example: I can prescribe the highly addictive Schedule 8 Morphine substance, Endone. However, I am unable to prescribe the non-addictive Schedule 4 Cannabidiol (CBD) Oil to my private clients (and I have met all training requirements to prescribe), who may opt for a less aggressive and more natural way to treat their chronic inflammatory painful conditions. Meanwhile, GPs and NPs in other states such as Victoria and NSW are actively doing this now and helping contribute to the burden of the well-known issues associated with addiction and drug abuse of prescription medication.

Legislation for GP prescribing changed here in Tasmania in July 2021 however NPs were not included. This greatly restricts community access as willing, trained prescribers are very few and far between for CBD and Medical Cannabis. Meanwhile other states and territories are years ahead in this field.

Workers' Compensation

NPs in Tasmania have been restricted from access to work cover certificate provision and are currently in the process of attempting to amend this legislation. A NP can stich up the wound you sustained at work but cannot provide you with the required paperwork to provide to your employer for work cover. In order to gain this paperwork, the NP then has to refer back to a GP or gain another doctor's second consultation on the already examined and treated injury, leading to double handling, more expense and inefficiency in timely care. In Queensland, NPs have successfully been completing work cover certificates for over 10 years.

PBS

Medicines that are not on the PBS for patients of NPs must be written as a private prescription, resulting in the patient paying full price, and also not contributing to their safety net. We propose that patients eligible for the CTG PBS Co-payment should have access to all medicines on the General Schedule whether prescribed by a Medical Practitioner or NP (ACNP, 2022).

MBS – One of the main issues to restriction for NPs in Private Practice

Currently, MBS rebates for patients of NPs sit just below 50% of the rebates that patients receive for allied health services, and even lower comparatively with medical practitioners (ACNP, 2022). This directly impacts on patient access to healthcare services, especially in relation to marginalised populations, and in rural, regional, and remote areas. Unfortunately, without addressing the rebates for NP services, there is unlikely to be any increase in NP numbers in these underserviced areas, as the business models will continue to be unsustainable, both as private practitioners or employees in private practice. To address this major issues for NPs, the ACNP are submitting a pre-budget proposal

for the upcoming federal budget, with the aim for implementation on 1st July 2022- I attach reference for your consideration.

For example – a 40-minute consult by a NP would receive $51, a medical practitioner $111.50 (MBS Online, 2022).

As we know, running your own private practice involves expenses such as superannuation, taxation, clinic room fees, insurance etc. The current rebates make it impossible for a NP to make a sustainable living in private practice without having to charge the patient out of pocket fees, contributing to more expense on the patient who in regional and remote areas often do not have the income to afford such fees. As a NP, I would be more than happy to bulk bill regularly, however as it stands, this is just not feasible. This forces me back to government employment where I am paid up to $65.00 per hour with superannuation, job security … etc. is this reasonable to be forced into this position when I have the skills and the desire to offer increased access to healthcare in our community?

Solutions – Multidisciplinary walk-in clinics / Urgent care model

Primarily, the key issues listed above need urgent attention. Should we achieve success above, then NPs are a fantastic, safe and efficient complement to healthcare delivery options.

NPs, doctors, paramedics, physios, and other allied health specialties can and do work well together, however I know we can do more for our patients.

It's time to be more strategic with planning and innovation together.

Multidisciplinary teams are the way forward. Collaboration and communication is vital. The idea and implementation of urgent care / walk in clinics must be considered. Nurses have the workforce who are willing to train, learn and live in this beautiful state.

Nurses make up the largest group of health providers in the rural and remote workforce, and many communities with limited or no access to medical practitioners are dependent on nurse-led services (ACNP). NPs are those advanced trained nurses which can help improve access to primary health care in areas of workforce maldistribution, particularly areas where there is a shortage of GPs and the heavy reliance of inconsistent expensive Locum workforce.

Triage, sorting, co-ordinating, see-treat, discharge, and referral to ensure our patients are seen by the right clinician at the right time is critical.

With the support of local Medical Director Dr Marielle Ruigrok, we foresee an opportunity for this type of facility to exist not only of the North West but anywhere in the state. As an example, co-location at state operated hospital sites in order to refer to ED when needed and ED may refer back to the urgent care centre as needed. Easy access to imaging and pathology testing. Piloting an urgent care model will allow for earlier access to care, reduce the burden on already strained ED and hospital systems and help to potentially save money in the long term.

Funded, co-funded or privately funded options need to be explored. It is time to remove the restrictions for NPs in order for a more united team approach to seeing more patients and reduce waiting times across the board, attract and retain skilled healthcare staff, develop a training centre option for all disciplines to gain their qualifications in a controlled environment.

References:

ABC News – Retrieved 4th March, 2021 from Tasmanian rural doctor shortage unlikely to ease despite incentives, AMA says - ABC News

ACNP – Retrieved March 4th 2021 – Nurse Practitioner's scope of practice Position Statement - NP Fact Sheets (acnp.org.au)

ACNP (2022). Pre-budget Submission 2022 – 2023 Pre-Budget Submission 2022-2023 (acnp.org.au)

MBS Online, retrieved March4th, 2022 - Item 44 | Medicare Benefits Schedule (health.gov.au)