

Nurse practitioners in primary care

Benefits for your practice



Nurse practitioners in primary care: benefits for your practice

June 2012

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FOREWORD



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Dear Reader

The Australian College of Nurse Practitioners (ACNP) would like to welcome you and thank you for your interest in the resource, *Nurse Practitioners in Primary Care: Benefits for your Practice*. This reference was developed for practice managers and those hiring nurse practitioners in primary health care; it was designed as a guide for setting up a collaborative practice that benefits you, your team, and your community. We believe that this resource serves to facilitate the introduction of the nurse practitioner profession into primary health care nationwide, to complement and supplement the work of our colleagues in general practice.

We recognise the sincere commitment made by all those involved and would particularly like to thank the Australian Medicare Local Alliance for compiling and coordinating the expert knowledge and expertise contributed by various stakeholder groups. The pursuit of accurate, practical and useful information is a demanding task and the ACNP recognises the commitment, passion, and energy that went into the development of this resource. On behalf of the ACNP, I congratulate the authors and contributors on this fine work.

Sincerely

A handwritten signature in black ink, appearing to read 'Helen Gosby', written in a cursive style.

Helen Gosby – President
Australian College of Nurse Practitioners

Australian College of Nurse Practitioners – Transforming Health Care

CASE STUDY

From advanced general practice nurse to nurse practitioner

Karen is a registered nurse working in general practice. She has a great interest in chronic disease management, with postgraduate qualifications and extensive experience in cardiovascular health.

A recent clinical audit of practice clientele revealed a significant percentage had a greater than 10% absolute risk of developing coronary heart disease (CHD) in the next five years. Of these clients, a significant number did not have basic information recorded such as cholesterol markers, blood pressure and smoking status. After lengthy discussions among administrative, nursing and medical staff it was decided that the practice and its clientele would benefit from someone who could identify those clients at moderate to high risk for CHD and begin developing care plans in collaboration with the client's GP to better mitigate their CHD risks.

Karen was pleased to volunteer for this initiative, but also had a particular interest in becoming a nurse practitioner (NP). After discussing her career aspirations with the practice manager and GPs, it was decided to develop an advanced practice nurse (APN) role for Karen in the practice, which would eventually assist her to become endorsed as a NP.

As an APN, Karen worked closely with GPs to develop chronic disease management plans, utilised standard operating procedures to ensure that cholesterol markers were evaluated for each client, and developed a smoking cessation clinic for the practice. Karen successfully designed and employed a case management model for clients with the highest cardiovascular risk through a nurse-led clinic which monitored blood pressure, adherence to medications, improved client's knowledge of their condition through individual and group education sessions, and ensured that clients met RACGP red book guidelines for preventative health.

Karen's clinic was well attended and the feedback from consumers was overwhelmingly positive. They felt better supported; their overall health had improved; they had a clear understanding of their health issues; felt valued as a client of the practice; and believed that Karen's skills with chronic disease were an asset to the clinic's operations. These sentiments were echoed by the practice manager and GPs who felt confident that Karen, with additional training and experience, would be able to manage those conditions.

Karen wanted to further develop her skills and knowledge base in the management of these clients. Instead of duplicating care and creating unnecessary excess flow through the clinic, she identified that in order to provide enhanced, coordinated and efficient services, a role as a NP might better meet the needs of clients. Karen was eligible to become a NP student after one year working as an advanced practice nurse. Through the NP program she gained greater insight and expertise into the pathophysiology of various chronic diseases and the use of pharmacotherapeutics for the prevention and/or treatment of disease.

Karen graduated, was endorsed as a NP, and has continued her work with the CHD prevention program and smoking cessation clinics. She now leads several chronic disease management programs through the clinic and expedites patient care independently, making direct referrals to specialists, prescribing and modifying medication regimens, and ordering/interpreting diagnostic pathology. She collaborates with her GP colleagues to ascertain what other possible options or therapeutic milieu might be available to the client to facilitate their journey through health. Monthly case conferences, including the NP and GPs, are held to monitor the progress of high risk chronic disease clients. Karen states that she has a great deal of satisfaction in her job because she was able to build upon her professional aspirations, while maintaining a strong sense of the therapeutic client-healthcare provider relationship which is the essence of nursing.



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PART 1

Introduction

This document is for general practice owners, managers and teams. It highlights opportunities and suggests a process for determining the potential benefits of nurse practitioners in general practice settings.

General practices can work with nurse practitioners in a range of ways. This document focuses on models that involve employing or contracting a nurse practitioner (NP) within a general practice.

This document provides a tool kit for those general practices thinking about employing or contracting a NP. It is not prescriptive; rather, it aims to flag the opportunities associated with employing or contracting a NP. It also provides an overview of some practical steps for decision making, planning and implementation, and provides links to key resources.

A nurse practitioner is:

a registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role.

The nurse practitioner role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations.

The nurse practitioner role is grounded in the nursing profession's values, knowledge, theories and practice and provides innovative and flexible health care delivery that complements other health care providers.

The scope of practice of the nurse practitioner is determined by the context in which the nurse practitioner is authorised to practice.

ANMC 2006

It is important to distinguish nurse practitioners from nurses in general practice. A NP is a registered nurse who is prepared at a minimum of Masters level and has met the requirements for endorsement by the Nursing and Midwifery Board of Australia (NMBA). In contrast, a nurse working in general practice can be either a registered nurse or an enrolled nurse, with no formal requirements for postgraduate education.

Nurse practitioners and other nurses working in general practice are not mutually exclusive options and ideally work together to enhance practice effectiveness and viability.



Policy context

Nurse practitioner roles were introduced in Australia (and in other countries including the USA, Canada, Ireland, New Zealand and the UK) with a range of objectives including improved access to healthcare services via a flexible, innovative, integrated care strategy, and increased continuity of nursing care at an advanced practice level (Desborough 2012).

Compared with many other countries the nurse practitioner role in Australia was introduced more recently. For example, NPs were introduced in the USA in 1968 and in Australia in 2000.

According to a recent census, there are approximately 30 NPs working nationally in primary care (Middleton et al 2011). However, a much larger number nominated primary care as their secondary area of practice. Furthermore, due to Australian Government funding priorities, primary care is one of the key growth areas for NPs in Australia.

The Australian Government encourages primary care practices to consider working with nurse practitioners to improve the effectiveness and efficiency of the healthcare system. Policy has supported the progression and promotion of nurses in general practice working at advanced levels, including that of NPs. Some Australian Government scholarships have been provided to facilitate this.

The pinnacle of clinical care pathway for nursing is the nurse practitioner role. Although the number of NPs working in primary care is currently small, numbers are growing in response to recent policies, including changes in legislation allowing endorsed NPs to access the MBS and PBS from 1 November 2010.

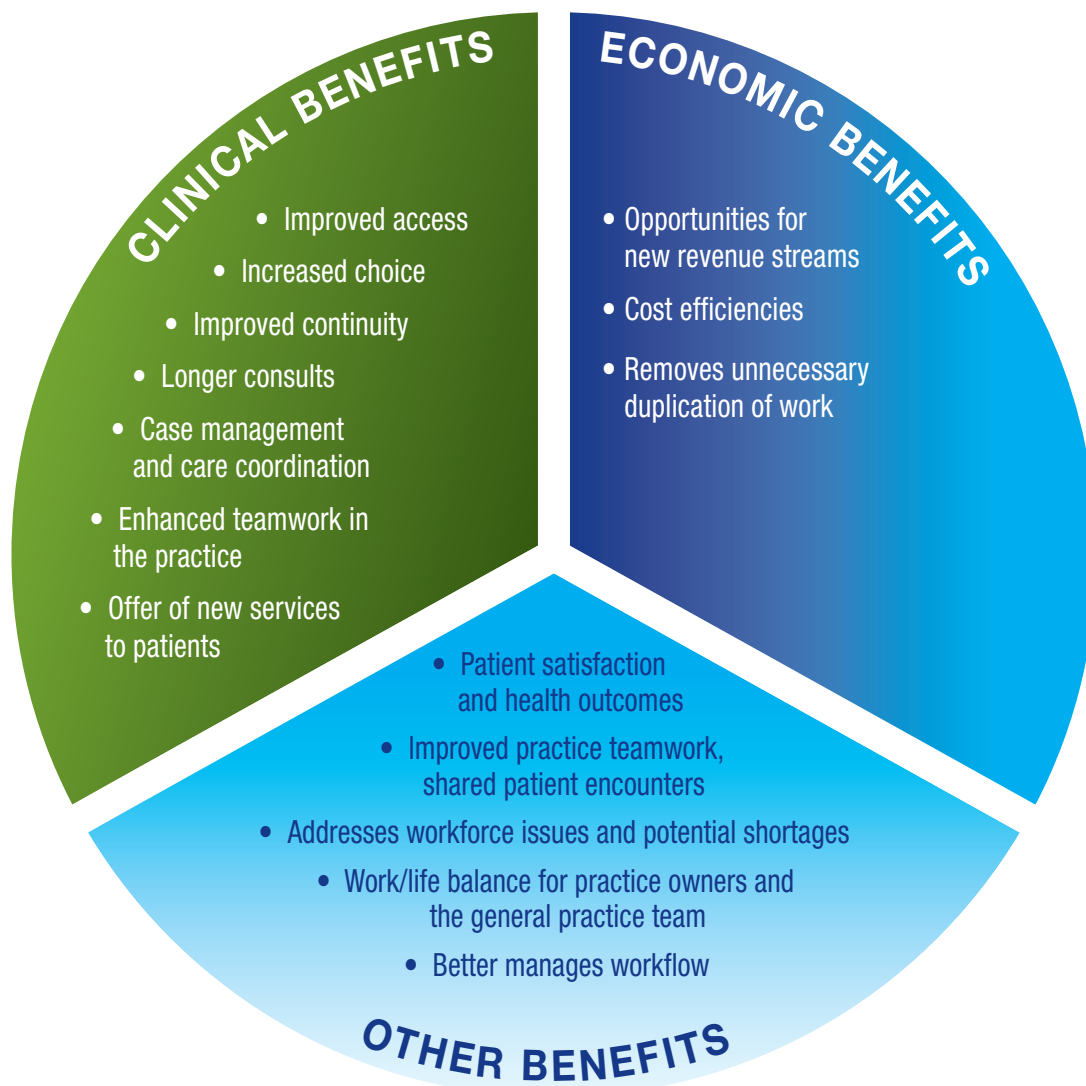
PART 2

Potential benefits of nurse practitioners in general practice

Nurse practitioners can enhance general practice in a number of ways, including clinical, economic and other benefits. Potential benefits are summarised in the following diagram and subsequent paragraphs.

Potential benefits of nurse practitioners in general practice

The breadth of opportunities highlights the flexibility that a nurse practitioner role offers the practice: Just as no two primary care practices are the same, NPs bring an individual scope of practice which may be suited to particular community and practice needs. Case examples are provided in Appendix B.



Clinical benefits

As with other roles in primary care, nurse practitioners can specialise in particular areas of care (e.g. HIV or aged care), or work with a broader scope (e.g. population health or 'generalist' primary care nursing). This adds capacity to the practice by offering care that may otherwise be unavailable.

Clinical benefits of a nurse practitioner depend on the opportunities the practice chooses to maximise, including:

- increased **access** for patients, such as options for more timely appointments and the ability to:
 - prescribe medicines
 - order and interpret diagnostic tests
 - refer patients to other health professionals
- increased **choice** of practice team member

"With the nurse practitioner role in place, GPs can focus on more acute or serious cases... Patients can usually see me on the same day." RUTH MURSA, CASE EXAMPLE
- contribution to the development of general practice nursing by providing **mentoring and education** of other nurses in general practice, other members of the general practice team, and nursing, medical and allied health students
- improved **continuity** including relational continuity and transfer of information within the practice team
- longer appointments **with patients** who have complex care needs
- improved **coordination of care**, including **case management** and improved efficiency of the inter-professional experience
- provision of **new services to patients to address population health needs and improve health outcomes for the community**. This may be achieved by: offering clinics to address chronic disease/complex care (such as asthma clinics, anticoagulation clinics, wound clinics, diabetes clinics, dementia management); enhanced telehealth opportunities; preventive models; patient education; meeting targets around national screening programs (bowel, prostate, breast and ovarian cancers); immunisation; weight loss and smoking cessation programs.

For example, one nurse practitioner has particular expertise in the area of cardiothoracic care. His role extends the services offered by the practice and in some cases offers acute episodic management of cardiac conditions when required. (Chris Helms case example)
- opportunities to **enhance teamwork within the practice** (e.g. reconfigure business processes; patient streaming – beyond the opportunities offered by employing a general practice nurse).

For example, having a nurse practitioner provides flexibility for GPs who may decide to take on more patients or to lighten their case load by referring appropriate patients to the NP for ongoing case management, patient education and review. (Ruth Mursa case example)

Economic benefits

Economic benefits include opportunities to:

- generate **new revenue streams** through MBS billing and gap fees, and potentially by working differently as a practice team

“The nurse practitioner is actively generating patient visits by identifying patients who may have presented with an acute need but who have chronic care needs that are not being met.” GP

- realise **cost efficiencies**, e.g. by increasing practice capacity while reducing average cost per consultation
“Efficiency of service is a key benefit for the practice. Rather than waiting for GP sign-off and approval for something like an immunisation, I can just go ahead and do it. The nurse practitioner role helps to make the service more efficient and financially viable as there is no need for the patient to wait, and I can bill directly under my own provider number.” RUTH MURSA, CASE EXAMPLE

- **remove unnecessary duplication of work** in cases where patients might otherwise see a nurse practitioner rather than a general practice nurse *and* general practitioner.

“In the majority of cases the nurse practitioner can see the patient, treat, etc. in one episode of care.” NP

Nurse practitioner contracts can be structured in a number of different ways, ranging from employee to independent contractor, with or without sharing of revenue from MBS items. Further detail is provided in the next section under ‘financial impacts’.

Other benefits

Other benefits include:

- potential to improve **patient satisfaction** and **health outcomes** as a result of the clinical benefits described above

“A patient said to me, ‘It’s so great that I can see you for something like this: I would have had to wait to see my usual GP.’ I get so many comments like this.” MEREDITH PRESTWOOD CASE EXAMPLE

“Clients appreciate the time and attention they are receiving as this helps motivate them to follow through and actively participate in their healthcare through our mutual engagement in management plans.” CHRIS HELMS CASE EXAMPLE

- opportunities to reconfigure how the practice team works — e.g. to **improve teamwork** and enhance **shared patient encounters** — leading to greater job satisfaction for all team members

One nurse practitioner noted that the role brought greater satisfaction for her than previous roles as a general practice nurse, as she carries greater responsibility and works more autonomously. (Ruth Mursa case example)

- **address workforce issues and potential shortages** while offering a more efficient mix of clinical skills within the overall practice team — the right person delivering the right level of service at the right time

“Since the nurse practitioner has become a member of our team, there’s been a dramatic increase in patients seeing the nurse practitioner and in those receiving chronic care management. The patients are having a good experience with their care, and they come back.” GP

- **better manage workflows** — e.g. reduce waiting time to access health care by offering patients the choice of a nurse practitioner where appropriate

“GPs have more time to see more patients.” GP

- improved **work-life balance** for practice owners and the general practice team.

“You get to have a life.” GP

PART 3

Making the decision to employ a nurse practitioner

This section offers a simple process for practice owners, managers and teams to identify opportunities where their practice might benefit from employing or contracting a NP, together with a guide to decision making, planning and implementation.

Where relevant, reference is made to existing documents providing further guidance and information about the NP role in primary care.



What are the opportunities?

The Introduction to this document outlined potential benefits of working with a nurse practitioner in general practice. It is up to each practice to consider the opportunities and identify priority areas for development.

Questions to ask at this stage include:

- What **identified consumer/community health needs** does our practice need to address? (Further research on the needs of the practice population might be required to determine this. If assistance is required to do this, contact your Medicare Local.)
- What **modifications to the current practice model of care** might help to address these future service needs?
- Which needs are best met through a NP role? For example:
 - What are the opportunities to **improve quality** of health care offered to patients in our practice?
 - What are the opportunities to enable the team to **work more efficiently, improve work flows, increase access, increase choice, or increase the number of patients seen**?
 - What other innovative ways could a NP help our practice to improve **health outcomes, practice income or job satisfaction**?
 - What **additional skills and attributes** do we need within our practice team?
- Which of these potential opportunities are the **highest priorities** for our practice?

"It's important to find nurse practitioners who complement what you like to do so that you're both happy with the working arrangement. Find one with a [scope of practice] that suits your practice and find ways of utilising the position so that cost-effectiveness is maximised... it's about working as a team – complementing each other's services to get the best health outcome for patients."

CHRIS HELMS, CASE EXAMPLE

Ideally, the whole practice team should be encouraged to identify opportunities. This provides a greater likelihood of the practice identifying the full range of possibilities. By including all team members in discussing and prioritising opportunities, this also increases the likelihood of the team owning the changes, leading to more effective implementation and collaboration.

Using a variety of methods such as a patient survey, the practice could ask patients for feedback on areas for practice improvement. The Health Care Consumers Association of Australia (HCCA) offers resources on consumer consultation.¹

It is important to remember that a nurse practitioner should be viewed as an expert nurse and not as a substitute for a general practitioner. Nevertheless, a NP within the team enables the practice to offer a different mix of clinical skills and allows GPs to make better and more cost effective use of their educational preparation.

How would we configure our practice?

Let us assume that having considered the opportunities, you are convinced that your practice needs a nurse practitioner. The next step is to determine how the general practice should be configured to maximise the benefits of these opportunities.

Considerations include:

- specifying the **intended impacts** of including a NP within the practice team
- **defining the nurse practitioner role**, including the **scope of practice** for this position, to meet the identified needs
- agreeing how the NP will **collaborate with other health care professionals** in the practice
- **clarifying roles and responsibilities.** The NP is a registered health professional with a nationally determined scope of practice supported by legislation. They are responsible and accountable for their nursing care; however, all staff in the practice need to understand what the NP role and responsibilities entail
- identifying **implications for the practice team.** This includes intended changes to business processes and patient streaming, implications for the administrative team members who direct patients to other team members, and implications for the workloads of all team members. A skilled NP may be able to ease bottlenecks by ensuring that the overall clinical flow is maintained or improved
- a **written policy and procedure** outlining the above aspects to ensure that all staff, including new employees, are informed of the above.

¹ www.hcca.org.au

How will our practice get there? (Implementation Plan)

After developing an understanding of the nurse practitioner's scope of practice and the how the overall practice may be configured, it is a good idea to develop an **implementation plan**. This ensures that the NP role is implemented in a way that is practical and financially viable.

This need not be an onerous task — the implementation plan only needs to be sufficient to clarify the stages and tasks involved to establish the role, the timing of stages and tasks, and to enable robust consideration of financial implications.

The implementation plan is likely to include the following elements (though sequencing may vary):

- Ensure there is a clear understanding of the legislative and professional practice standards and codes that govern the nurse practitioner role (Section 4 of this document provides further details).
- Prepare the documentation necessary to support implementation of the role, including position description, duty statement, responsibilities, accountabilities and clinical guidelines.
- Specify appropriate clinical governance arrangements.
- Reconfigure practice rooms and/or purchasing equipment to support the NP role.
- Design and implement changes to practice management systems.
- Conduct a risk assessment and identify risk management strategies, including indemnity insurance arrangements and how the role will be incorporated into the practice's safety and quality plan.
- Identify the strategy and process for recruitment and development of the NP position within the general practice (the 'Implementation' section below outlines options for this).
- Develop key performance indicators for the role, together with a plan for performance appraisal.
- Plan for the collection of data for monitoring, research and evaluation of the effectiveness of the NP role, including associated timelines (similar to that for the GP role).
- Plan for the education of practice staff to facilitate both greater acceptance of the NP role and effective flow and collaboration within the practice.
- Plan for the education of the practice population to facilitate acceptance of NP consultations.
- Prepare supporting materials for the practice to promote the NP role to the community and patients.

What are the financial impacts for our practice?

Financial impacts are influenced by the:

- **employment or contracting** arrangement with the nurse practitioner
- additional **practice income** associated with the nurse practitioner and with other changes in practice configuration/activity
- additional **practice costs** associated with the nurse practitioner and with other changes in practice configuration/activity
- **one-off establishment costs** associated with any changes made in the practice.

Of course, there are also non-financial benefits associated with nurse practitioners in primary care, as outlined in Section 2 — most importantly health outcomes for the community and organisational improvements. Although these may not have a dollar value, they are important considerations.

Employment or contracting arrangements

As with any other health professional, general practices can either employ or contract a nurse practitioner. Specific arrangements vary from practice to practice (see Table 1 and case examples). These different employment/contracting arrangements affect the nature of costs and income for the practice. Note that the arrangements described here illustrate a spectrum of options and do not include every possible permutation.

Table 1: Employment versus contracting arrangements²

	Employment	Contracting
Summary	Practice earns income from NP activity, pays the NP a salary or wage, and covers the costs of employing the NP.	Practice earns income from NP activity, pays the NP an hourly rate (and may also pay a percentage of revenues). NP is responsible for meeting their own employment-related costs.
Practice income	<ul style="list-style-type: none"> ● MBS and gap fees earned by NP ● Practice Incentive Payments that are available to the practice ● Any other revenue increases due to changes in the practice team 	<ul style="list-style-type: none"> ● MBS and gap fees earned by NP ● Practice Incentive Payments that are available to the practice ● Any other revenue increases due to changes in the practice team
Practice costs	<ul style="list-style-type: none"> ● Rooms and equipment ● NP salary or wage ● +/- % of MBS and gap fees ● PAYG tax ● Superannuation ● Workcover ● Leave ● Professional development 	<ul style="list-style-type: none"> ● Rooms and equipment ● NP hourly fee ● +/- % of MBS and gap fees ● (Professional development could be covered by nurse and/or practice)
Nurse income	<ul style="list-style-type: none"> ● Salary/wage ● +/- % of MBS and gap fees 	<ul style="list-style-type: none"> ● Hourly fee charged to practice ● +/- % of MBS and gap fees
Nurse costs	<ul style="list-style-type: none"> ● Professional Indemnity Insurance 	<ul style="list-style-type: none"> ● PAYG tax ● Superannuation ● Workcover ● Leave ● (Professional development could be covered by nurse and/or practice) ● Professional indemnity insurance

The different arrangements also have a bearing on roles, responsibilities and incentives within the practice. For example, a nurse practitioner working under a fee-for-service arrangement will be motivated to build up their own practice base (while also working as part of the wider practice team), whereas an employee whose income is unrelated to billing may be more suited to roles that include a focus on population health or practice quality.

"I'm fully booked now... in the beginning it was a bit slow. Maybe I'd see 4-5 patients a day. Now I see 20 to 25." (This growth in caseload has happened in less than one year.)

MEREDITH PRESTWOOD, CASE EXAMPLE

Where nurse income is affected by numbers of patients seen, it may be prudent to be clear about the quality improvement activities that are an expected part of the role.

"One nurse practitioner contract has a blend of volume-based and non-volume based income, with protected time for non-volume based work." HAYLEY HAGGERTY, CASE EXAMPLE

² This table illustrates two scenarios. nurse practitioners or general practices considering potential employment or contracting arrangements should consult their financial advisor.

Practice income

Practice income from a nurse practitioner is derived from:

- **patient fees** (with or without MBS rebates, and with or without gap payments) — NPs can bill for four consult types (A, B, C and D).³ These can be privately or bulk billed
- **other revenue increases** due to changes in the wider practice team, for example:
 - NPs providing additional access for patients will allow more patients to be seen by the practice overall and, where appropriate, the GP. This will lead to an increase in the number of consultations available to provide patient care, all of which are MBS rebateable
 - NPs can earn additional revenue by addressing gaps in patient care or by proactively identifying patient needs and then following them up to schedule appointments
 - Escalation of Care provisions enable both the NP and the GP to charge MBS items for the same patient in some circumstances
 - supplemental grants (e.g. telehealth).



Practice recurrent costs

Practice costs depend on the nature of the employment or contracting arrangement with the nurse practitioner. The salary should be negotiated between the employer and NP and should take into consideration expertise, hours of work, postgraduate qualifications, etc.

Wages for NPs in primary care vary from \$47 to \$58 per hour (base wage) for employees.⁴

Allowance should also be made for on-costs of 20–30% (including 9% superannuation, 1.7% leave loading for five weeks, 2.5% long service leave,⁵ 0.8% Workcover and 5.5–7.5 % qualifications allowance).

Additional employment costs may include shift penalties, increments (years of service), overtime and continuing professional development (CPD) (30 hours CPD per year minimum).

Nurse practitioner rates under **contracting** arrangements will vary, depending on agreed negotiation of an hourly fee and/or percentage of MBS and gap fees.

³ Further information on the Medicare items for nurse practitioner services is available from the Department of Health and Ageing at www.health.gov.au/midwives-nurse-practitioners or by phoning Medicare Australia on 132 150 (for providers)

⁴ These figures are based on the wages range for all states and territories as provided by the ANF Federal Industrial Team.

⁵ This figure is based on the standard 13 weeks at 10 years of service.

Nurse practitioners attract higher rates of payment than nurses in general practice because of their advanced skills and scope of practice, and the distinct roles they can undertake within the practice. It is important for practices to understand the different roles of NPs and registered and enrolled nurses working in general practice in order to maximise each of these roles and contribute to the financial viability of the practice.

Other recurrent costs for the practice could include the following. These costs should be discussed as part of contract negotiations and agreement reached as to the respective responsibilities of the practice and/or nurse practitioner in regard to meeting these costs:

- clinical consumables
- provision of office space, furniture and equipment
- administrative support
- diagnostic and clinical information technology
- communications (e.g. mobile phone, electronic diary)
- transport (e.g. motor vehicle purchase/lease costs, repairs, maintenance, insurance and fuel costs)
- travel to meetings, conferences and workshops
- financial support for professional development.

Additionally, GPs should plan to provide professional collegial support that will enable the nurse practitioner to work efficiently and effectively in their role (e.g. regular communication/meetings, discussions on patient care, case studies and joint learning).

One-off establishment costs

As with employment of any additional staff, there will generally be some up-front costs associated with the activities identified in the implementation plan for a NP. These may include:

- preparing relevant documentation
- reconfiguring practice rooms
- purchase of equipment, communication and IT resources (e.g. mobile phone, diagnostic and clinical IT, computer hardware/software)
- recruiting the NP
- promoting the NP role and educating the practice population.

Implementation

The following paragraphs focus on some key considerations for establishing and maintaining a viable nurse practitioner role in a general practice setting.

Implementation planning has already been described. There are several good resources available to assist in planning and implementing the NP role, and this document does not attempt to duplicate those resources.⁶

There are currently few NPs working in primary care. To help address this shortage, practices can consider the options of either attracting nurses into primary care from other settings, or assisting a registered nurse within the practice in this career pathway.

Developing a nurse practitioner within the practice

This approach offers potential benefits for the practice, the nurse and patients. For example, it can enhance job satisfaction for existing staff by offering expanded opportunities for progression. Where relationships are already established, the nurse may already have commitment as a part of the community.

⁶ Two examples referenced in this document are: SA Health 2010, *Nurse Practitioners in South Australia: A Toolkit for Implementation of the Role*, and ACT Health 2008, *Nurse Practitioners in the Australian Capital Territory: The Framework*.

The feasibility of this option may be ascertained through consultation with registered nurses already employed by the practice to discuss the possibility of an opportunity for advancement, together with specific expectations (e.g. the intended scope of practice, time frames and cost sharing), and gauge the level of interest within the existing team. Both parties need to have clear expectations of 'where they're at' and 'where they'd like to be' within a defined period of time.

If it is decided to assist a registered nurse within the practice to seek nurse practitioner endorsement, the practice might decide to invest in contributing to the nurse's Master's degree, e.g. through financial contributions and/or provision of supernumerary/ protected time for study and support or mentorship.

"I wanted to develop my career... they [GPs] were very supportive and allocated some of my time to do the clinical component of the nurse practitioner training and one GP gave me time as a clinical mentor." MEREDITH PRESTWOOD, CASE EXAMPLE

It is important to understand from the outset universities' requirements for clinical placements, mentorship and demonstrating advanced practice, to ensure that the registered nurse will be eligible to become endorsed as a nurse practitioner after completing the program of study.

Recruiting a nurse practitioner

If seeking to recruit a NP, it is worth considering that primary care settings differ significantly from other health and aged care settings where the majority of nurses are employed. It is critical to attract the 'right' person who will thrive in a primary care role.

Therefore it is important that the role be advertised in a way that provides a realistic view of the job, including how it differs from nursing work in other settings, so that prospective candidates can weigh up the pros and cons of the opportunity from their perspective.

For example:

- Positive factors may include the relative lack of hierarchical structures and bureaucratic processes, enabling them to practise to their full scope; the ongoing contact with patients over the long term; and working within their own community.

"Seeing a patient through it all from the beginning to the end is very satisfying."

RUTH MURSA, CASE EXAMPLE

- Negative factors might potentially include lower rates of pay in primary care compared to some public sector nursing roles, and having to meet revenue targets within the practice.

SA Health has developed a *Job and Person Specification* for advanced nurse/midwife and NPs, which sets out **essential minimum requirements** and **desirable characteristics** for NPs. These are summarised under four categories:

- i Educational/vocational qualifications to work as a NP (e.g. registered and authorised to work as a NP according to legislation)
- ii Personal abilities, aptitudes and skills relevant to the role (e.g. leadership skills, advanced clinical skills, ability to participate or facilitate research, knowledge of general practice software, general practice funding and quality improvement activities)
- iii Experience commensurate with the NP role to which they are being recruited (e.g. a NP with experience in emergency, wound management or aged care may also be suitable for employment in the general practice context)
- iv Knowledge of the nurse practitioner role and relevant legislation/regulations (e.g. a knowledge of competency standards for the enrolled nurse, registered nurse and NP).

The specific requirements will vary in emphasis according to the specific needs of the practice and can be used to structure the advertising, interviews and position description pertinent to this role for your practice.

Successful retention strategies

The full benefits of a nurse practitioner can only be realised if the role is implemented and utilised appropriately, and in ways that maintain and enhance job satisfaction for the NP and the whole practice team.

Identifying key interdisciplinary relationships to facilitate collaboration and sources of mentorship for nurse practitioners and having an identified transition period are amongst other things, critical to the successful development and implementation of the nurse practitioner role (Desborough 2012).

The case examples in Appendix B also reinforce that the time spent in developing the role is an important success factor:

“Take your time to develop the scope of practice... you don’t need to have everything understood right from day one and the practice evolves over time... The role of nurses has changed and it’s about learning how nurse practitioners fit in.” HAYLEY HAGGERTY CASE EXAMPLE

Evaluating the nurse practitioner role

Evaluation is one of the critical elements in the implementation of NP services. Effective evaluation ensures the delivery of quality care that is responsive to the needs of the community.

Evaluation should be embedded into the planning for the NP role, with measures in place from the outset for ongoing monitoring and review of the service consistent with the principles of continuous quality improvement, performance management and local health service evaluation strategies.

The evaluation should be based on the quality dimensions of ‘consumer centred’, ‘driven by information’ and ‘organised for safety’ as outlined in the *Australian Safety and Quality Framework for Health Care (2010)*. The framework could also be used to determine an appropriate set of performance indicators for NP services.

Implementation and role integration could be evaluated in terms of clarity of roles and responsibilities, scope of the nurse practitioner role, team acceptance of the role, community/patient/stakeholder awareness of the NP role, and integration into the team (SA Health 2010).

Measurement of key outcomes should link to the RACGP Quality Framework and Standards (RACGP 2005).

The Nurse Practitioner Research Toolkit developed as part of the *Australian Nurse Practitioner Study (AUSPRAC)* sets out a range of instruments that could be used to evaluate the NP role (Gardner et al 2009). Another evaluation resource to be considered is the *Patient Enablement and Satisfaction Survey* available from www.aml.com.au

Educating the practice population about the nurse practitioner role

The SA Health ‘Nurse Practitioner Toolkit’ notes that:

There is often a lack of understanding from other health care professionals and healthcare consumers about the role and expertise of the nurse practitioner. Communications need to be tailored and directed towards specific target groups... Messages should emphasise that the nurse practitioner role involves highly skilled clinical nursing practice and acts as a complement to medicine.

The toolkit also provides a template for a patient information brochure that practices can adapt to their needs. The case examples highlight ways practices have introduced the role to patients.

“At one practice, every new patient entering the practice is educated regarding the nurse practitioner role, and is provided with the opportunity to see the NP from then on.” CHRIS HELMS CASE EXAMPLE

Another practice discussed how to make the role attractive to patients and designed flyers and posters to help to advertise the role.

“It was quite a smooth transition because the patients were already used to the role of general practice nurses on site... it was just an extension of the role that we had previously but with more autonomy.” Patients were also accustomed to being billed for service, so, “it was not new for them to have to pay for nurse practitioner services”. RUTH MURSA CASE EXAMPLE

PART 4

Other things you need to know

This section provides a guide to extra details and where to find them. In particular there are a number of legislative and regulatory requirements that need to be understood by the practice and the nurse practitioner. Some aspects of these provisions vary between different states and territories.

Contact details for state/territory information are provided below.

Advanced practice nursing

Nurse practitioners, along with many other expert nurses, fulfil an advanced practice nursing role. This is a level of nursing practice that utilises extended and expanded skills, experience and knowledge in assessment, planning, implementation, diagnosis and evaluation of the care required. Nurses practising at this level are educationally prepared at post-graduate level and may work in a specialist or generalist capacity (SA Health).

Nurse practitioner roles

The nurse practitioner role extends beyond the usual scope of nursing practice. Skills and practices that may or may not be exclusive to their role but are associated with the NP scope of practice are:

- advanced clinical assessment
- ordering and interpretation of diagnostic tests including diagnostic imaging
- implementing and monitoring therapeutic regimes
- prescribing pharmacological interventions
- initiating and receiving appropriate referrals.

Core components of the nurse practitioner role include:

- commitment to the nursing model of practice that promotes health promotion and preventative health care
- collaboration with other health professionals to optimise health outcomes
- applying high level clinical knowledge and critical thinking skills in providing safe, high quality care
- obtaining comprehensive health histories and performing comprehensive physical assessment in stable, complex and unpredictable situations
- autonomy in clinical practice with advanced levels of decision-making
- expert clinical management and monitoring of treatment regimes
- coordinating complex case management including those with multiple and/or serious health conditions
- integrating research that incorporates evidence-based practice
- participating as a senior member or leader of the interprofessional team, making and accepting referrals as appropriate
- clinical and professional leadership including a commitment to life-long learning and being a clinical exemplar and mentor for other nursing staff
- prescribing medicines and ordering diagnostic tests (SA Health Nurse Practitioner Fact Sheets).

Nurse practitioners are not a substitute for doctors or other members of the practice team. It is generally accepted that a single health care professional cannot meet the complexity of today's client's health needs by themselves. They are part of an inter-professional health care team. NPs are, first and foremost, registered nurses, with advanced educational preparation and experience who are authorised to practice in extended clinical nursing roles across the acute, aged care and community settings.

Nurse practitioners have developed the skills and knowledge to extend their role to include areas that may have been 'traditionally' performed by other health professionals, such as prescribing medications and ordering diagnostic tests within the context of their broader practice (SA Health Nurse Practitioner Fact Sheets).

Nurse practitioner scope of practice

All nurses practice within a scope of practice. The scope of practice of the nurse practitioner is determined by the nurse practitioner and the Nursing and Midwifery Board of Australia (NMBA). The NP scope of practice should be broad, allowing practice to the limit of education, judgement and ability, rather than restrictive, allowing practice relating only to specific procedures (ACT Health 2008).

For more information visit the NMBA website: www.nursingmidwiferyboard.gov.au

Collaborative arrangement

The legislation regarding collaborative arrangements includes:

- The National Health (Collaborative arrangements for midwives) Determination 2010
- The National Health (Collaborative arrangements for nurse practitioners) Determination 2010
- The Health Insurance Amendment Regulations 2010 (No. 1).

In accordance with legislation, in order to access the MBS an eligible nurse practitioner must be in a collaborative arrangement with a specified medical practitioner.

Most general practice settings will meet the legislative collaborative arrangement requirement for nurse practitioners by employing both a GP and a NP. No further documentation is required.

Where the general practice does not employ a medical practitioner, a nurse practitioner may also demonstrate a collaborative arrangement by:

- receiving patients on written referral from a medical practitioner
- a signed written agreement with a specified medical practitioner/s; or
- an arrangement in the nurse practitioner's written records.

Competency standards

Nurse practitioners practise in accordance with the NMBA's professional practice framework which includes:

- Australian Nursing and Midwifery Council (ANMC) National Competency Standards for the Registered Nurse
- ANMC National Competency Standards for the nurse practitioner
- ANMC/Australian Nursing Federation (ANF)/Royal College Nursing Australia (RCNA) Code of Ethics for Nurses in Australia
- ANMC Code of Professional Conduct for Nurses in Australia
- ANMC Nurse's Guide to Professional Boundaries
- ANMC National Decision Making Framework.

The ANF provides *Competency Standards for Nurses in General Practice*, and a toolkit for their use, on the internet at: www.anf.org.au/nurses_gp/

Endorsement

The NMBA is the national regulatory authority for nurses and midwives, and as such is responsible for endorsing nurse practitioners. Guidelines for endorsement as a nurse practitioner are available at the NMBA website: www.nursingmidwiferyboard.gov.au

A practice can check a nurse practitioner's registration status at: www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx

Professional association roles

The nurse practitioner role is supported by a range of peak national professional nursing organisations including:

- The Australian College of Nurse Practitioners (www.acnp.org.au)
- The Australian Nursing Federation (www.anf.org.au)
- The Australian Practice Nurse Association (www.apna.com.au)
- The Australian College of Nursing (www.nursing.edu.au).

Variation by state and territory

National law protects the title of nurse practitioner and its associated extended practice privileges.

However, differences between state and territory Drugs, Poisons and Controlled Substances (DPCS) legislative and regulatory provisions act as barriers to NP scope of practice in some circumstances.

While federal legislation has enabled nurse practitioner access to the PBS in accordance with their scope of practice, each state has different DPCS legislation and subsequently differing jurisdictional requirements. As a result NP prescribing is limited in some jurisdictions.

Similarly, not all states allow nurse practitioners to conduct WorkCover assessments.

The principal point of contact for nurse practitioner regulatory issues is the NMBA. Additionally, state/territory level information is available on the following websites.

- New South Wales: www.health.nsw.gov.au/nursing/practitioner/nurse_practitioner.asp
- Victoria: www.health.vic.gov.au/nursing/furthering/practitioner
- Queensland: www.health.qld.gov.au/nmoq/nurse-practitioner/default.asp
- South Australia: www.nursingsa.com/prof_practitioner.php
- Western Australia: www.nursing.health.wa.gov.au/career/np_what.cfm
- Northern Territory: nursing.nt.gov.au/information/office-pna
- Tasmania: www.dhhs.tas.gov.au/healthprofessionals/nursing/nurse_practitioner
- ACT: www.health.act.gov.au/professionals/nursing-midwifery/

APPENDIX A

Glossary of terms

ACNP	Australian College of Nurse Practitioners
ANF	Australian Nursing Federation
ANMC	Australian Nursing and Midwifery Council
GP	General practitioner
GPN	General practice nurse
HCCA	Health Care Consumers Association of Australia
IT	Information technology
MBS	Medical Benefits Scheme
NMBA	Nursing and Midwifery Board of Australia
NP	Nurse practitioner
PBS	Pharmaceutical Benefits Scheme
RACGP	Royal Australian College of General Practitioners
RCNA	Royal College of Nursing Australia

APPENDIX B

Case studies

RUTH MURSA

IMPROVING ACCESS AND CONTINUITY OF CARE IN AN URBAN SETTING



The nurse practitioner role

Ruth has worked as a nurse in general practice for 15 years. She became endorsed as a nurse practitioner in June 2011 and has worked within an urban family practice in Newcastle since then. Ruth sought out her current position on completion of her Masters of Nursing degree by approaching a GP who did not yet have a NP on staff but who was generally supportive of the role of nurses in general practice. It was agreed that while waiting for her endorsement to come through, Ruth would work as a general practice nurse at the family clinic. This helped to build relationships and trust among the staff, and facilitated her transition to NP once she received the endorsement.

Ruth's scope of practice is varied and includes children's health (e.g. well baby and child checks), immunisations and women's health. She also works in chronic and acute case management. Although the boundaries between general practice nurse and NP roles are established and respected, Ruth sometimes finds herself 'wearing two hats' as there are only two other nurses on staff and sometimes patient care is provided that is not covered under any of the NP MBS items.

Practice configuration

The NP works alongside four GPs, one of whom is the owner, two speech pathologists, one of whom is the practice manager, and two nurses, one an enrolled nurse and the other a general practice registered nurse who is awaiting her NP endorsement. Three reception staff support this team.

Their collaborative approach to patient care has led to successful integration of the NP role in practice. There is an open-door policy that facilitates dialogue between staff so that the NP can seek advice on patient management when needed, and GPs and general practice nurses can draw on the NP's expertise. Both informal and formal mentorship are available for the NP.

"There are clinic meetings and I can also meet with the GPs in a more informal way as needed if there's a particular case that seems to be out of my scope of practice. GPs will call on my expertise too, for example, if there's a patient who has particular concerns in women's health. We use a cross referral system."

Communication is important to smooth running of the practice.

"I keep GPs in the loop. I always include their names on any referral forms—the patient is still under their care and the specialists I'm referring to can see this. The electronic records also help. There are comprehensive notes, and they can see the list of patients that I've seen."

Implementation and contracting arrangements

A contract was negotiated while waiting for nurse practitioner endorsement. Over the course of eight meetings with the practice manager and owner, the terms of the contract, scope of practice and strategies for implementing the new position were discussed. How to make the role attractive to patients was also a key discussion point and flyers and posters were designed to help to advertise the role.



"It was quite a smooth transition because the patients were already used to the role of general practice nurses on site... it was just an extension of the role that we had previously but with more autonomy." Patients were also accustomed to being billed for service, so "it was not new for them to have to pay for nurse practitioner services". The practice uses a combined bulk billing and fee-paying schedule depending on the service provided, and Ruth works under a paid employment arrangement.

Ruth is aware of some GPs outside her practice who are concerned that the potential costs of implementing the nurse practitioner role may outweigh any financial benefits. However, she believes that there may be indirect financial benefits over time. "With the nurse practitioner role in place, GPs can focus on more acute or complex cases." There is also improved patient access, as patients do not need to wait for a GP appointment. "Patients can usually see me on the same day... It's about keeping patients within the practice, providing continuity of care and keeping them well looked after."

Benefits of the nurse practitioner role

"Efficiency of service is a key benefit for the practice. Rather than waiting for GP sign off an approval for something like an immunisation, I can just go ahead and do it. The nurse practitioner role helps to make the service more efficient and financially viable as there is no need for the patient to wait, and I can bill directly under my own provider number."

Having a nurse practitioner also provides flexibility to GPs who may decide to take on more patients or to lighten their load by referring to the NP for ongoing case management such as diabetes education and review.

The NP role also benefits patients as they have improved access to care and better continuity of care. Patients are reassured that the care they receive is evidence-based, and that by working as a team, the practice is providing them with the best care possible.

Of course there are also benefits for nurse practitioners. "For those of us that work in general practice, this is a stepping stone—a career pathway that we haven't had before." Additionally, the role is bringing improved satisfaction as Ruth is able to carry greater responsibility and work more effectively and efficiently in the context of a supportive team environment where the members have a collective focus on providing quality patient care. She is also able to follow patients along their care pathway: "Seeing a patient through it all from the beginning to the end is very satisfying."

Success of the model

The success of the model has not yet been formally evaluated, as it has been in place for just under a year. There are plans to research patient satisfaction and service access over time. However, one marker of success that can already be tracked is that the caseloads are always full and the patient load is sufficient to warrant the role: "...there are always three GPs on and two nurses at any one time—and we're always full".

MEREDITH PRESTWOOD

FROM GENERAL PRACTICE NURSE TO NURSE PRACTITIONER



Role and scope of practice

For seven years Meredith has worked in a large urban general practice in Tasmania. After four years of employment as a general practice nurse she presented the nurse practitioner role to her employers and asked if it would be suitable for their practice. “I wanted to develop my career... they were very supportive and allocated some of my time to do the clinical component of the nurse practitioner training and one GP gave me time as a clinical mentor.”

Meredith was endorsed as a nurse practitioner in 2011 and remains in the same practice setting. Her scope of practice is diverse and includes care for acute minor illnesses, diabetes management, immunisation, women’s health, wound care, workplace medical exams and residents’ reviews at aged care facilities. There was some role confusion early on, especially for the reception staff, who were unsure which patients Meredith could see and what medicines she could prescribe. “I made it part of my responsibility to ensure that the GPs and reception staff were aware of my role.”

Meredith’s transition from general practice nurse to NP was facilitated by her longstanding role within the practice, in which part of the time she had been nurse manager. “The staff respected me and understood my work ethic, and they [GPs] supported my decision to become a NP.”

Service configuration

The practice is one of the largest in Tasmania, with 12,500 active patients who represent a mixed demographic and socioeconomic background. The practice includes eleven GPs, five of whom are practice owners. Meredith also works alongside general practice nurses and reception staff. Meredith describes the service model as collaborative. “I don’t have my own patients... I see them for an episode of care that is within my scope of practice. They’ll always go back to their GP for overall management, and I consult with the GP when needed.”

There is an interweaving referral system. Meredith receives referrals from both the GPs and general practice nurses, and can refer to pathologists, medical imaging and specialists as needed and appropriate.

Ongoing mentoring is provided formally by one of the GPs, but ongoing informal support is available from any of the GPs on staff.

Contracting arrangements

Meredith is employed by the practice and was offered a revised contract once her role changed from general practice nurse to nurse practitioner: “They regarded it as a completely new position.” Meredith is paid a base rate for her fulltime work and a percentage of MBS and gap fees from items billed. Although there is no target for clinical caseload, there is an expectation that she would need to bill a certain amount for her role to be financially viable. “From the outset it was done on a trial basis. They told me, ‘We hope that in 12 months’ time your role would be profitable’, and that has happened.” Bulk billing accounts for approximately 50–60% of payments and the rest is gap billing or co-payment.



Given the financial incentive of a percentage payment, Meredith is motivated to work a big caseload, and she is very busy. “I’m fully booked now. . . in the beginning it was a bit slow. Maybe I’d see 4–5 patients a day. Now I see 20 to 25. The only time I’m slow is when the rest of the practice is slow.” This growth in caseload has happened in less than one year.

“A patient said to me, ‘It’s so great that I can see you for something like this (UTI); I would have had to wait to see my usual GP’. I get so many comments like this. Patients are really happy with the collaborative arrangement—access to patient notes so that their usual GP can see that they have seen me, or when I tell them that I will follow up with their GP regarding the consult.”

Benefits of the nurse practitioner role

The nurse practitioner role has helped to reduce the burden on GP workload, especially since Meredith commenced the weekly aged care community reviews. Additionally, the NP role extends the available services. “There are only three GPs out of 11 that are female, and when women’s health issues come up. . . that’s within my scope of practice and the male doctors can refer to me if that’s preferred by the patient.” Meredith also supports the work of practice nurses by providing support for patient care.

Meredith receives many word-of-mouth referrals, which indicates the extent to which patients are satisfied with the service. Key benefits for patients are improved access to and continuity of care. “They don’t need to wait for the GP to sign off on the nurse’s work. . . the nurse practitioner can do the complete episode of care, and patients can get access to care even when the GPs are fully booked. . . we don’t have to turn patients away.” These service improvements facilitate rapport and trust between provider and patient. Finally, the price point is also attractive to patients, as nurse practitioner services generally cost less than GPs’.

For Meredith, the increased independence and responsibility was an important part of the decision to become a NP. The role has been an opportunity to develop her career within one practice setting. “If the practice has the ability and the desire, supporting their general practice nurse to become a nurse practitioner can be really successful.” It appears that the practice has benefited from Meredith’s increased scope of practice in a role that she knows very well. “The role is about being able to maximise a nurse’s potential.”

Success of the model

One marker of the success of the nurse practitioner role is financial. “It’s about patient throughput and money generated from that. . . but the financial reward associated with the role won’t happen for a while.” Less direct markers of success are also important. For Meredith, “the biggest marker of success is that I’m fully booked. . . It’s an acknowledgement that I do have a viable role, and there’s been lots of positive feedback from patients”.

CHRIS HELMS

TRIAL NURSE PRACTITIONER – WEST BELCONNEN HEALTH COOPERATIVE



The nurse practitioner role

Chris has extensive experience working as a nurse practitioner in public and private sector settings in the US and Australia. He specialises in both acute and chronic care management, with particular expertise in the area of cardiothoracic care. His role as a NP is notable as he was the first to be endorsed in Australia with a cardiothoracic specialty. During the past five years Chris has worked in public sector hospitals in Canberra. He recently expanded his role to include a part-time position at a large collaborative healthcare service provider.

This part-time NP role is a new one for West Belconnen Health Cooperative Ltd. Chris helped to initiate the position by approaching the co-op's management to discuss the ways the NP role might complement existing services and potentially improve patients' healthcare access and outcomes. A trial arrangement was agreed and his role within the co-op is evolving over time... "It's a new role that's been in development for about six months... and we're still working it out in practice." His scope of practice is broad and includes acute (e.g. sinusitis, sprained ankle) and chronic care (e.g. heart failure, diabetes) management with a particular focus on reviewing and adapting GP management plans to fit the dynamic needs of patient healthcare.

Although the NP role has only been in place for two months, the staff within the co-op have adapted quickly and are aware of his scope of practice: "The boundaries are generally clear and we try to utilise the nurse practitioner role in the most cost-effective way."

Practice configurations

"The cooperative is a unique health care service in which patients are the owners of the health organisation." There is only one other Australian health cooperative—Westgate in Melbourne, established in 1980. In this service model individuals/families pay a fee per annum to become a member of the cooperative, and are then eligible for bulk billing of all services. The funds generated by members go back into the organisation and help to support purchase of equipment and staff services such as a dietitian.

Chris works alongside six GPs (one of whom serves as the medical director), two general practice nurses, two psychologists, a dietitian and administrative staff. He receives referrals through several different pathways including GPs, general practice nurses, administrative staff and patient self-referral. Additionally, Chris is proactive in identifying patients who may benefit from his services. "During acute case management there's an opportunity to identify any other long standing chronic illnesses and to discuss these with patients... I can identify whether or not they would like additional support for management of their condition. If so, further appointments are made."

Contracting arrangements

After a lead-in period to scope out the nurse practitioner role and assess its potential fit within the practice Chris was hired on an employment contract for a part-time, three-month trial basis. "They [practice owners] want to see if the role is valuable to complement the practice and determine if it's financially viable." The short timeframe for evaluation was dictated by Chris's other work commitments in the public sector.

Chris acknowledges that three months is a short timeframe to fully assess the financial viability of the role and "...that with the rebates the way they are for services, it's difficult to make money on the nurse practitioner position. What I can do is ensure that patients have shorter waiting time to get into the practice and use my services to complement the needs of the practice and of the community". To help fund his role and increase his scope of practice, the co-op recently received ACT Health Department funding to conduct a pilot and research project via an obesity management clinic within the practice, which will be led by Chris.

Benefits of the nurse practitioner role

With the nurse practitioner role in place "...GPs have the opportunity to re-route patients to me and focus on cases/areas that are more suited to their particular interests and expertise. This also allows GPs to take on new patients if they wish". The NP role also extends the net of GP services—offering unique specialties, and in some cases providing a backup for patient care when GPs are otherwise occupied. When necessary, Chris also takes on a mentorship role for medical students "Medical students can watch my role as nurse practitioner in practice and see how the GP management plans are implemented."

Patients are also benefiting from the nurse practitioner role ... "Clients appreciate the time and attention they are receiving and this helps motivate them to follow through and participate in their healthcare by following the management plans." They are getting better educated about their health—especially in regard to chronic disease management, which is tailored to their particular needs. Chris looks for more objective evidence of the effects of this patient-centred care on outcomes by examining change in markers of disease such as blood pressure, glucose control and weight. "It's a benchmark of success if patient outcomes are improving."

Success of the model

Within a short timeframe Chris's role as nurse practitioner has had positive impacts on the co-op's service and he already has a full caseload for the two days that he is employed. Key success factors are his extensive experience and expertise in managing acute and chronic caseloads. Ultimately the success of the NP role in the co-op will be judged on the number of consultations conducted, the time put into service delivery and on the feedback from practice owners. To date "...by all initial assessments it's going really well".

Chris's advice to GPs in regard to establishing a nurse practitioner role is that "it's important to find nurse practitioners that complement what you like to do so that you're both happy with the working arrangement. Find one with a specialty that suits your practice and find ways of utilising the position so that cost effectiveness is maximised... it's about working as a team—complementing each other's services to get the best health outcome for patients".

Since this document was written Chris is now working in a full time capacity at the general practice.



HAYLEY HAGGERTY

CONTRACTING NURSE PRACTITIONER SIMILAR SCOPE OF PRACTICE IN TWO DIFFERENT PRACTICE SETTINGS



The nurse practitioner role

Hayley has a practice nursing background with postgraduate training in diabetes, paediatrics, respiratory and women's health and has worked in general practice for eight years. Some of that time was spent running her own business, in which she provided nursing services to GP practices and billed them based on item numbers. This business provided an opportunity for Hayley to network with local GPs and the wider community and helped to develop her understanding of how federal funding could best be utilised within the GP setting. Her decision to study further as a nurse practitioner "... was a natural progression based on what was happening both in nursing and GP practices at the time".

Hayley undertook her nurse practitioner studies in Queensland and took up two clinical placements: one in a large metropolitan hospital with a respiratory physician and the second within a GP practice that had no nursing staff. "The GP owner was originally looking to add a general practice nurse to the practice... the nurse practitioner role was a new concept... I explained how the nurse practitioner role could enhance the care provided and thereby the practice."

Hayley was endorsed in late 2010. She now splits one full-time equivalent position across two urban GP practices in Queensland. With a similar scope of practice across both settings, her enhanced primary care for patients across the lifespan includes care for minor illness and injury, children's health, immunisation and well women checks. Hayley also engages in chronic care management, preventative health, aged care, wound management, prescribing and procedural activities.

Practice configurations

Hayley's two workplaces have very different practice configurations. The first is a family medical practice that has been owned by one GP for the last 25 years. It has a steady and long-standing patient population and is closed to new patients. Staff include 1.5 GPs, the nurse practitioner and reception staff. Roles have shifted somewhat since Hayley began her clinical training. "There were tasks such as lung function testing, ECG, and delivery of patient results that were carried out without billing. A NP performing these roles generates an income to the practice not previously available." The second practice is a dynamic and busy clinic. Up to five GPs work there and the clinic is continually taking on new patients.

Hayley notes that the different practices require her to utilise different skills and that it took some time for the practice staff to understand the fit of the NP role. "It took time to develop the relationship and to understand how each other functions, how to complement one another and how to figure out how federal funding could help to meet the costs of the nurse practitioner role."

Contracting arrangements

Hayley notes that contracting arrangements can differ across practice settings. In one of the practices she is contracted to work on a split system in which clinical hours are billed at one rate and then she invoices for a percentage of the items billed. Under this arrangement she works a set number of clinical hours, and has protected time during the day during which she engages in chronic disease management. There are no formal targets for the number of patients she must see. The clinic runs on a bulk billing system for services provided by the NP and, by Hayley's account, the NP role has been successful so far: "The nurse practitioner practice has gradually built up... By putting systems in place and getting the referral process going... the day fills up and there's enough work."

Benefits of the nurse practitioner role

Hayley identified gaps in billing in one of the practices and helped to make improvements that increase the items billed across both practices.

"We never struggled to finance the role ... It was just about encouraging GPs to take advantage of rewarding good practice through federal funding—through chronic disease management—and better utilisation of item numbers."

Additionally, by involving Hayley in chronic care management planning, the GPs can split some of the income with the nurse practitioner and use that to pay the NP cost. As yet there is no chronic disease management item number for NPs. Hayley noted, "You are able to have assistance from a general practice nurse, but with a nurse practitioner involved the depth of management increases and assists the GP further... nurse practitioners are able to take responsibility for organising or investigating things further than a general practice nurse."

Success of the model

The success of Hayley's role within both of the practices is due in part to appropriate utilisation of item numbers. This has made the role more financially viable. Additionally, GPs within the practice who have advocated for and promoted the nurse practitioner role have had a positive impact on how patients view and utilise the service. Finally, the time spent in developing the role within each of the practices has been an important success factor. Hayley's advice to practice owners and other NPs is to "... take your time to develop the scope of practice... you don't need to have everything understood right from day one and the practice evolves over time ... The role of nurses has changed and it's about learning how nurse practitioners fit in".



APPENDIX C

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