



Asthma Australia Submission to the Australian Government Department of Health

Nurse Practitioner 10 Year Plan Survey

February 2022

ABOUT ASTHMA AUSTRALIA

Asthma Australia is a for-purpose, consumer organisation which has been improving the lives of people with asthma since 1962.

Asthma is an inflammatory condition of the airways, which restricts airflow and can be fatal. There is no cure, but most people with asthma can experience good control of their condition.

Asthma affects one in nine Australians, or 2.7 million people. It has various degrees of severity (mild to severe) and affects people of all ages, from childhood to adulthood. Asthma can appear at all ages and stages of life.

Asthma Australia's purpose is to help people breathe better so they can live freely. We deliver evidence-based prevention and health strategies to more than half a million people each year. To ensure people can access effective treatments and best practice health care for their asthma, we work directly with people with asthma, their family and friends, health professionals, researchers, schools and governments. This way, we can ensure people with asthma are supported with education and access to high-quality information and care where they live, work and play in all stages of life.

Long form survey

1. Are there benefits of nurse practitioners providing health care?

Yes

No

Do not know

If selected Yes, please specify the benefits? If selected No, please highlight why you think there are no benefits.

The health and associated benefits of advance practice nurses, or nurse practitioners, are well established.¹

Nurse practitioners are an essential element to modern clinical services and have been a part of health care in various countries for decades. For example, nurse practitioners have been providing health care in the United States of America and Canada since the mid 1960's, and in the United Kingdom since the late 1990's. The evidence base on the effectiveness, outcomes and impacts on equality of health care provision has demonstrated significant benefits to patients and services providers across a wide range of clinical settings.

These benefits include patient satisfaction, increased health care capacity; better distribution of clinical workloads; improved access to evidenced-based diagnosis and treatment of health conditions for populations such as rural/remote or at risk groups; provision of cost effective care; improvement of efficiency in the delivery of care; increased clinical leadership and expertise to support other nurses, medical staff and other health professionals; and the ability to upscale skilled health care workers in fields to complement a range of health care professional training.

In addition to these benefits, nurse practitioners are provided with further advanced practice training, which ensures additional competencies and proficiencies in certain health care domains. These health care domains include aged care, general practice, critical care, specialist care, remote health and outreach.

The presence of nurse practitioners increases the flexibility of the health workforce through appropriate distribution of clinical responsibility relevant to skills, experience and scope, which leads to increased access to care for Australian communities, especially communities underserved by general practitioners and lacking in health care facilities.

At Asthma Australia, we have also demonstrated that an increased role for nurses can lead to better outcomes for patients. For example, in the asthma context, the evaluation of the 2019 Giving Asthma Support to Patients (GASP) Program has indicated the importance of nurses in asthma management.

The GASP Program, comprising an education package and electronic decision support tool designed for use by nurses in general practice, helps to structure asthma assessment and care, including education to patients, in general practice, producing measurable improvements in patient outcomes, and the quality and personalisation of care delivered.

Key themes from patient interviews included that participants valued the Practice Nurse role and thought they benefited in terms of understanding of asthma and in self-management behaviours including regular use of preventer medicines. The absence of a funding model to support dedicated practice nurse time was seen as a barrier to uptake and sustainability of the program.

While this program was delivered by registered practice nurses who were not nurse practitioners, it highlighted clearly the potential added benefit of an autonomous nursing role in achieving person-centred and clinical health outcomes.

2. Please rate the following potential barriers to nurse practitioners being able to provide care

Low public awareness of the role

Not a barrier

Slightly a barrier

Moderate barrier

High barrier

Extremely high barrier

Not sure

Lack of understanding of the nurse practitioner role and scope of practice amongst health professionals and employers

Not a barrier

Slightly a barrier

Moderate barrier

High barrier

Extremely high barrier

Not sure

State/Territory-based legislation/policies

Not a barrier

Slightly a barrier

Moderate barrier

High barrier

Extremely high barrier

Not sure

Commonwealth legislation/policies

Not a barrier

Slightly a barrier

Moderate barrier

High barrier

Extremely high barrier

Not sure

Lack of understanding of how nurse practitioners are regulated

Not a barrier

Slightly a barrier

Moderate barrier

High barrier

Extremely high barrier

Not sure

Limited patient access to Medicare Benefits Scheme (MBS) rebates

Not a barrier

Slightly a barrier

Moderate barrier

High barrier

Extremely high barrier

Not sure

Limited patient access to Pharmaceutical Benefits Scheme (PBS) rebates

Not a barrier

Slightly a barrier

Moderate barrier

High barrier

Extremely high barrier

Not sure

Limited patient access to Repatriation Schedule of Pharmaceutical Benefits (RPBS) rebates

Not a barrier

Slightly a barrier

Moderate barrier

High barrier

Extremely high barrier

Not sure

Collaborative arrangements

Not a barrier

Slightly a barrier

Moderate barrier

High barrier

Extremely high barrier

Not sure

Career pathways

Not a barrier

Slightly a barrier

Moderate barrier

High barrier

Extremely high barrier

Not sure

Job opportunities

Not a barrier

Slightly a barrier

Moderate barrier

High barrier

Extremely high barrier

Not sure

Education and training

Not a barrier

Slightly a barrier

Moderate barrier

High barrier

Extremely high barrier

Not sure

What can be done to remove or mitigate the barriers?

Targeted Federal and State Government funding is required. This funding should be aligned to identify areas of clinical need that can benefit from increased nurse practitioner support. Funding

should also be provided for approved nurse practitioner courses and of full-time equivalent positions across the health systems in areas of greatest need.

Other measures to remove or mitigate the above barriers include:

- review of the MBS scheme for nurse practitioners
- review of the current pay scale
- greater recognition, visibility and value of the nurse practitioner role throughout the health system particularly caring for at risk populations
- nurse practitioner representation on relevant policy and planning committees at Federal and State health departments, Primary Health Care Networks, Local Area Health Districts and local hospitals
- supporting those undertaking their nurse practitioner course to complete their advanced practice hours outside their current workplace; and
- including nurse practitioners in research.

3. Are there any sectors, social groups, geographical locations which would benefit from an expansion of nurse practitioner models of care?

Yes

No

Not sure

If selected Yes, what are they and how could this be achieved?

See response to question 4 below.

4. What are some innovative ways to promote the nurse practitioner workforce in:

a. Regional, rural and remote areas?

In order to determine which geographical locations would benefit from an expansion of nurse practitioner care, we suggest that a review of clinical needs is undertaken, followed by identification of leading clinical specialist groups that could be led by nurse practitioners for conditions such as asthma and airways disease.

An expansion of nurse practitioner models of care in rural and regional areas could be achieved by:

- providing incentives such as relocation cost, costs to meet housing and travel
- supporting and encouraging the local nursing workforce to upskill and become a nurse practitioner through educational grants/scholarships; and
- providing funding for nurse practitioners to establish practices in conjunction with local Primary Health Care Networks, Local Area Health Districts.

b. Metropolitan areas?

We also consider that a review and mapping of future demands should take place in metropolitan acute and sub-acute services, in order to identify those areas that could benefit from nurse practitioners.

In the asthma context, nurse practitioners are able to develop and implement a comprehensive asthma management plan with their patients, including referral to specialist doctors in case of need. This includes but is not limited to completion of Written Asthma Action Plans (WAAP) and prescription of basic preventer and reliever medication according to national and local guidelines. This can mean more affordable and timely access to health care for people with asthma. This can also serve to reduce the burden on GPs and in turn the health care system by, for example, preventing avoidable hospitalisations.

An expansion of nurse practitioner models of care in metropolitan areas could be achieved by:

- mentoring support and advocacy from executive nursing leadership (Director of Nursing) and other nurse practitioners
- scholarships/ funding of approved courses and nurse practitioner positions
- support from organisations such as the Royal Australian College of General Practitioners and Primary Health Networks through Department of Health nursing workforce campaigns; and
- work experience, in the form of shadowing a nurse practitioner in their role.

5. What strategies can be used to increase the number of Aboriginal and/or Torres Strait Islander nurse practitioners?

Aboriginal and Torres Strait Islander people are overrepresented in chronic conditions, including asthma, and it is therefore important to introduce changes to the health system to reduce this overrepresentation. We note that the prevalence of asthma is almost twice as high among Indigenous Australians compared with non-Indigenous Australians (a rate ratio of 1.9) after adjusting for difference in age structure.²

Asthma Australia considers that it is important to actively engage with the Aboriginal and Torres Strait Islander community and workforce with respect to this question. We therefore recommend a thoughtful and focused consultation with peak Aboriginal and Torres Strait Islander health and community organisations, including the National Aboriginal Community Controlled Health Organisation and the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners.

Some strategies to increase the number of Aboriginal and/or Torres Strait Islander nurse practitioners could include:

- increased funding to employ nursed practitioners within Aboriginal Community Services; and
- scholarships for Aboriginal and /or Torres Strait Islander nurses to fund attendance at an approved nursed practitioner course.

6. What strategies can be used to improve the cultural safety of nurse practitioners?

We believe that cultural capability is key to reducing inequalities in health care access, as well as improving the quality and effectiveness of care for culturally and linguistically diverse community members. Key to this is raising of awareness of the importance of cultural capability and the provision of robust accessible training and education.

Asthma Australia therefore supports cultural capability training that includes cultural safety, cultural competence and cultural awareness. This includes discovering personal unconscious bias. Such

training should be followed with seeking out opportunities to partner and collaborate with people in the local community who identify as culturally and linguistically diverse (CALD). There should be a focus on partnering with the community and using co-design principles in the development, testing and evaluation of interventions.

The training should be regularly reviewed and repeated, and include monitoring of CALD community members' outcomes against identified measures to track effectiveness of training and identify areas of need and gaps.

7. Please rate how suitable the current funding models are for nurse practitioners in private practice:

Not at all suitable

Somewhat unsuitable

Neither suitable nor unsuitable

Somewhat suitable

Completely suitable

Not sure

Please provide any options for a more suitable approach below:

Asthma Australia supports a funding model that:

- remunerates nurse practitioners according to their professional experience, scope of practice and value to the health system
- is integrated and benchmarked alongside funding models of comparable professionals in comparable settings
- enables the execution of the role for full benefit, such that the role is not created in isolation of the infrastructure, amenity and associated funding needed for the role to be successful; and
- funds not only the role, but also the infrastructure required to fulfil the role.

8. Is current regulation of the nurse practitioner appropriate?

Yes

No

Not sure

Please provide any suggestions for improvement below:

Asthma Australia supports the appropriate regulation of the sector, which includes:

- high qualification and registration standards based on peer reviewed frameworks
- continued professional development
- clear scope of practice, code of practice and code of conduct; and
- transparent monitoring, risk management and quality assurance.

We would also support strengthened performance review processes for nurse practitioners with the Australian Health Practitioner Regulation Agency and Nursing and Midwifery Board of Australia.

9. Thank you for your participation, please provide any final comments or suggestions below:

Asthma Australia considers that Australia has an under-developed nurse practitioner landscape, and welcomes efforts to improve this.

References

¹ Swan, M., Ferguson, S., Chang, A., Larson, E., Smaldone, A., *Quality of primary care by advanced practice nurses: a systematic review*. Int J Qual Health Care. 2015 Oct; 27(5):396-404

² Australian Bureau of Statistics 2013. *Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012–13*. ABS cat. no. 4727.0.55.001. Canberra: ABS.