

Practice Nurse Incentive Program (PNIP)

This workshop is funded by the Australian Government



Learning objectives

At the completion of the workshop the participants will be able to:

- Describe the changes to practice nurse funding commencing in January 2012
- Explore opportunities PNIP will create for the practice and for the nurse
- Access the resources to assist with implementation of the PNIP
- Articulate changes that can be made in your practice to maximise the nursing role

Change is inevitable

- 1901 – Private health insurance and consumer payments
- 1974-84 – Medibank was introduced
- 1984 – Medicare
- 1998 – Introduction of PIPs, SIPs, SOPs
- 2001 – Nursing in General Practice PIP
- 2004 – First practice nurse item numbers introduced
- 2012 – Changes to MBS and the PN PIP will cease

“It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change.” *Charles Darwin*

Current situation

- Not all practices are eligible for PIP
- Capped at \$35,000 - \$40,000
- Payment is made per standard Whole patient Equivalent (SWPE)
- Rural loading 15 – 50%
- PN time is dependant on the size of the practice
- No requirement for PI insurance
- No veterans loading, no AMS or ACCHS loading
- MBS PN Item numbers x 9

Standard Whole Patient Equivalent (SWPE)

- The SWPE value of a practice is the sum of the fractions of care provided to practice patients, weighted for the age and gender of each patient.
- As a guide the average full time GP has 1,000 SWPEs annually.
- Further information on how the SWPE is calculated can be found at www.medicareaustralia.gov.au

Current PN work

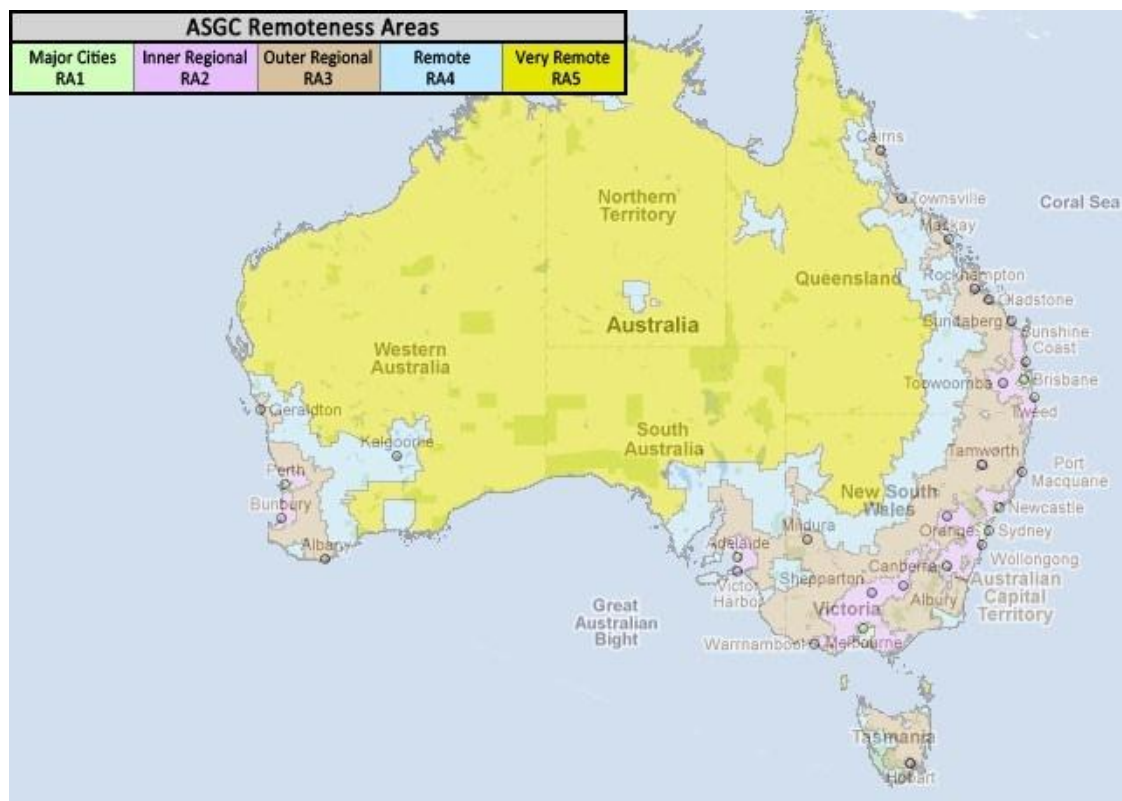
- Task oriented
- Only 6% of nurse tasks are determined by MBS, however
- 20% of PN time directly reimbursed under the MBS (Pearce et al 2011)
- Education has been driven by MBS item numbers
- 'for and on behalf of'

PNIP - January 2012

- Available to all accredited practices
- Rural loading
- \$5000 incentive for practices to become accredited
- Top up and grandparenting payments
- AMS & ACCHS loading
- Veteran Affairs Gold Card loading
- Removal of 6 practice nurse item numbers -10993, 10994, 10995, 10996, 10998, 10999

Australian Standard Geographical Classification (ASGC-RA)

<http://www.doctorconnect.gov.au>



PNIP – The enabler

SWPE	PN hours/week	RN	EN/AHW
1000	12h 40 m	\$25,000	\$12,500
2000	25h 20m	\$50,000	\$ 25,000
3000	38h	\$75,000	\$ 37,500
4000	50h 40m	\$100,000	\$ 50,000
5000	63h 20m	\$125,000	\$ 62,500

<http://www.medicareaustralia.gov.au/provider/incentives/pnip/calculator.jsp>

Rural loadings

Rural loadings based on the Australian Standard Geographical Classification

- RA1 Major city 0%
- RA2 Inner regional 20%
- RA3 Outer regional 30%
- RA4 Remote 40%
- RA5 Very remote 50%

PNIP –benefits

- Increased flexibility of the practice team
- Greater recognition of the practice nurse role
- Increased care coordination
- Greater contribution to long term health of the population
- Quality improvement
- Expanded and enhanced practice nurse roles

PN role

- Patient carer
- Quality controller
- Organiser
- Problem solver
- Educator
- Agent of connectivity

Ref: Phillips et al 2008

Patient carer

- Core role
- Nurses providing services to patients
- Nurses interacting with patients
- 6% of nurse activities generated a fee for service MBS fee (Pearce et al 2011)

Ref: Phillips et al 2008

Quality controller

'Nurses contribute particularly to appropriate, responsive, continuous, safe and sustainable care'

Ref: Phillips et al 2008

Organiser

'Brings structure to what is sometimes a chaotic environment.'

Ref: Phillips et al 2008

Problem solver

'They function as innovators, thinkers and reflectors, advocating and acting as agents of change. Particular affinity for time management and applications of systems and procedures'

Ref: Phillips et al 2008

Educator

'Educational initiatives especially in areas of the nurses expertise will be assimilated into the practice therefore increasing resilience'

'Nurses provide a conduit into general practice for new learning or innovations about organisational best practice'

Ref: Phillips et al 2008

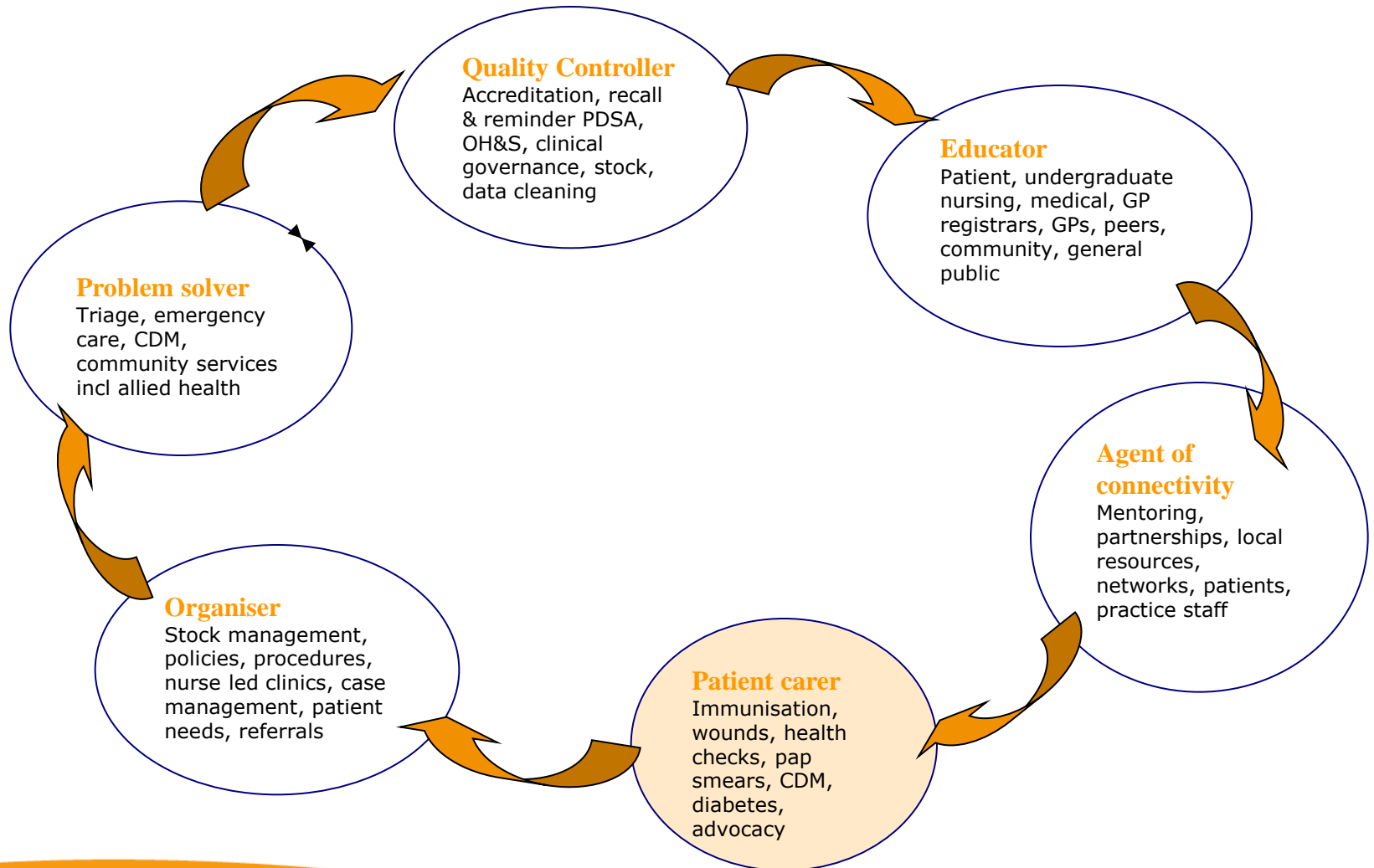
Agent of connectivity

'61% of the nurse's time is spent on interpersonal or interaction based activities with either patients or staff'

'keeping it all glued together'

'.... forms the link'

Role of the PN



Business case

- What is your current income from PN item numbers?
- How does this relate to the future income?

The way forward

- What are the opportunities for your practice to work differently and more effectively?
- Which changes are the highest priority?
- How will you implement?
- How will the changes affect the practice costs and revenues?

Scope of practice

'Practice that nurses are educated,
authorised and competent to perform'

Queensland Nursing Council 2005 The scope of practice framework for nurse and
midwives QNC Brisbane

Resources

- Business cases
- ‘Creating opportunity’- booklet
- On line- scope of practice, GP funding
- DVD
- PNIP Guidelines
- Medicare Australia
- Division of General Practice/Medicare Local
- Webinar
- APNA
- AGPN

Key messages

- The changes are inevitable and this is the time to embrace them
- The PNIP provides the enabler to reassess the practice nurse identified role in your practice
- There are resources and Divisions/Medicare Local staff to assist
- Maximising the nursing role will add value to your practice