australian nursing federation

Submission to consultation by the Department of Health and Ageing on the Development of a Quality Framework for the Medicare Benefits Schedule

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Federal Secretary

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1. Introduction

The Australian Nursing Federation (ANF) was established in 1924. The ANF is the largest industrial and professional organisation in Australia for nurses and midwives, with Branches in each State and Territory of Australia.

The core business for the ANF is the professional and industrial representation of our members and the professions of nursing and midwifery.

With a membership of over 175,000 nurses and midwives, members are employed in a wide range of enterprises in urban, rural and remote locations in both the public and private health and aged care sectors.

The ANF participates in the development of policy relating to: nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, occupational health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

As the union for the largest group of workers in the health sector the ANF is pleased to provide comment to the Department of Health and Ageing (DoHA) on the development of a quality framework for the Medicare Benefits Schedule (MBS).

2. The nursing and midwifery professions and MBS

Nurses and midwives together form the largest health professional group in Australia,[1, 2] providing health care to people throughout their lifespan, and across all geographical areas of Australia. They practice in: homes, schools, communities, general practice, local councils, industry, offshore territories, aged care, retrieval services, rural and remote communities, Aboriginal and Torres Strait Islander health services, hospitals, the armed forces, universities, mental health facilities, statutory authorities, general businesses, and professional organisations.

As the largest cohort of health professionals within the health and aged care workforce, nurses and midwives play a central role in most areas of the Australian health care system which access MBS funding. In particular, two areas of growth for nurses and midwives relevant to MBS funding are: the 2009/10 Federal Budget initiative enabling Nurse Practitioners and eligible midwives to gain access to MBS rebates for their clients; and, the steady increase in numbers of nurses and midwives employed in the General Practice environment since Federal Government incentive funding to do so, in the 2000/01 Federal Budget.

1 There is a combined total of 244,360 registered and enrolled nurses actually employed in nursing in Australia, with 18,297 of these being midwives. Australian Institute of Health and Welfare 2008. *Nursing and midwifery labour force 2005.* Additional Material. Table 1. Available at http://www.aihw.gov.au/publications/hwl/nmlf05/nmlf05-xx-registered-nurses-clinical-area.xls

2 Nurses and midwives comprise over 55% of the entire health workforce.
Australian Institute of Health and Welfare. 2006. *Australia's Health 2008.* Canberra: AIHW. p 317.

In this submission the ANF provides responses from a nursing and midwifery perspective, to some of the issues raised in the Department of Health and Ageing Discussion Paper: *Development of a Quality Framework for the Medicare Benefits Schedule*.

3. Advisory Committees

The ANF has noted the formal advisory mechanism within the MBS Quality Framework as consisting of two Departmental advisory committees and one reference committee to provide advice and guidance, namely:

- MBS Quality Framework Reference Committee;
- MBS Quality Framework Expert Advisory Committee; and
- MBS Fee Advisory Committee.

While the ANF was pleased to have previously received an invitation to nominate suitably qualified people to any or all of these committees, we have voiced concern that the overview of the Advisory Committees provided in the discussion paper does not explicitly include a nurse representative. As the largest health professional group, the ANF believes that a nursing stakeholder should be represented on all three advisory committees. The ANF has therefore forwarded nominations for nurses for each of the committees, and reiterates in this submission that, given the significant reliance on services provided by nurses in the Australian health sector, it is vital that nurses are involved at every level of national health policy development.

The ANF also considers that it would be appropriate for the committee structure to include a designated position for Indigenous health services representation.

4. New MBS Time-Limited Listing Process

Stage 1: Item submissions

The ANF agrees that "each new application will require robust clinical support for the proposed item by a relevant health professional organisation". The ANF provides Secretariat services for the Coalition of National Nursing Organisations (CoNNO) which is made up of more than 50 national nursing organisations working together as an alliance to progress professional nursing issues (refer Appendix A). The ANF can facilitate sourcing of the group with the appropriate clinical expertise to provide clinical endorsement. Examples from the CoNNO of groups who could participate in clinical endorsement are: the Australian College of Nurse Practitioners (representing Nurse Practitioners), the Australian Practice Nurses Association (representing general practice nurses) and the Australian College of Mental Health Nurses (representing Mental Health Nurses); and the Australian College of Midwives representing eligible midwives.

Given that nurses and midwives will now have access to MBS listed items it is imperative that nursing and midwifery organisations be included in the list of "relevant health professional organisations" involved in clinical endorsement of applications for a service to be MBS listed.

Stage 2: Quality Framework assessment of application

The pathways for assessment of a service for MBS listing are noted as being either through the Quality Framework process or referral to the Medical Services Advisory Committee (MSAC). It is stated that "one of the key considerations for new items to be listed on the MBS will be an assessment of cost-effectiveness." While cost-effectiveness is an important consideration the ANF stresses that client outcome benefits should be the paramount criterion.

Stage 3: Development of an evaluation plan and Schedule fee prior to listing

The ANF supports the key elements for the evaluation plan as identified in the Discussion paper.

Stage 4: Appraisal of evaluation plan and Schedule fee

The ANF supports the facility for applicants and other stakeholders to be able to request a review of decisions made concerning time-limited listings for MBS. The ANF agrees that this review process occur before moving to the next stage of providing advice to the Minister *(Stage 5 is formulation of advice to the Minister for Health and Ageing)*.

Stage 6: Time-Limited Listing

The ANF agrees with this step in the process. The inclusion of time-limiting provides a sensible review of a service from the perspective of the health service, the health professional and the consumer of those services. The proposed length of time for time-limited listing is considered to be appropriate to utilise an MBS listed item and to get robust feedback as to client benefit outcomes and cost efficiency.

Stage 7: Evaluation following Time-Limited Listing

The ANF reiterates the need to include, at the very minimum, the clinical groups identified under Stage 1 above, as clinical endorsers, and of their involvement in this evaluation stage.

5. Evaluation of MBS new time-limited items

Responses under this section will follow the format of the "Key questions for stakeholders."

5.1 Evaluation requirements and principles

Question 1: Are there further principles or ideas the Department should consider in developing a long-term evaluation framework for MBS items?

The second key principle (on pg 22 of the Discussion paper) should be reworded to read: "designed to be fit-for-purpose (for the consumer and the health professional), with the aim of ensuring that MBS items are evaluated in an efficient and robust manner"

Two additional principles should be:

- Designed to determine the safety of the service in terms of health professional use and as a treatment modality
- Designed to determine the benefits to clients in terms of improved health outcomes

Question 2: Do you have experience or expertise you can contribute to the development of a long-term framework for MBS items?

The ANF has knowledge of contemporary health care issues and has links with all States and Territories to understand the current practices of nurses and midwives.

The ANF and its State and Territory Branches have direct links with workers in the health system to assess when the inclusion of new items might be necessary.

6. Framework for reviewing existing MBS items

6.1 MBS Review Process

Stage 1: Environmental scanning

With reference to the "Environmental scanning" diagram (on page 25 of Discussion paper) the ANF seeks clarification on a couple of points. Firstly, it is not clear if the term "Advisory Committee Referral" means the "MBS Quality Framework Reference Committee"; and secondly, there is no indication on the diagram of referral of the item to the MBS Fee Advisory Committee.

Question 1: What other mechanisms could be used to identify existing MBS services for further evaluation under the review framework?

In the same way that it is important to evaluate services existing under the MBS listing, the ANF also considers that the Quality Framework should have the capacity to review the eligibility of new health professional groups for inclusion to have access to MBS rebates for their clients. The environmental scan approach should therefore identify the professional group/s currently providing a service, and if there are other groups who are able to provide this service, and at what cost.

Another issue for the environmental scan is to assess whether the current service providers allow/enable the provision of universal access to all Australian communities.

Question 2: What additional quantitative data analysis might be appropriate?

The suggested elements for quantitative data analysis are sufficiently broad to cover comparative and trending analysis in service provision and costs between geographical areas and health professional providers.

Question 3: What issues should be considered in the public nominations process and is it appropriate for this process to be anonymous?

The ANF considers that the process should not be anonymous. It should be an open merit-based selection and all representatives should be provided with relevant background knowledge of each other. The community also has a right to have a process which is transparent.

The nominator/s should present an objective, evidence-based view on items or services referred.

Stage 2: Prioritising and scoping review activity

Question 1: What other criteria could be used to prioritise assessments?

Additional items of criteria for consideration are:

- Geographical impact - service providers within a geographical area, for example, remote areas, may need review of items to ensure appropriate health professionals have access to provide front line/emergency care.
- The 'clinical impact' statement should include "contemporary practices of the health professionals" and "context of care".

Question 2: Do you consider any of the listed criteria to be more important than the others?

It is the view of the ANF that the first three priority items should be:

- Clinical impact
- Quality and safety
- Evidence-based treatment, and

these are of similar importance level.

The rest of the items noted in the Discussion paper could be in any order.

Question 3: What other information should be included in the scoping document?

The scoping document should also include ongoing reviews to consider changing practices of the professionals over the three to four year life of the MBS listed item. For example, this could be evolving midwifery models of care and the admission to public health care facilities of private patients under the care of Nurse Practitioners and eligible midwives. Other items for inclusion are: changes in disease prevalence; and government policy involving targeted population groups and their specific needs.

Stage 3: Review

Question 1: What other methods could be used to review existing MBS services?

Other methods which could be used to review existing MBS services are health care consumer surveys and health care provider surveys.

Question 2: What alternate data sources (qualitative and quantitative) could inform reviews of existing MBS items?

A suggestion for alternate data sources is systematic reviews conducted by professional groups, such as the Cochrane Collaboration or, for nursing and midwifery, this could be by The Joanna Briggs Institute.

6.2. Review of decisions mechanisms

Question 1: What other strategies might be useful in facilitating evidence-based changes in clinical practice?

Other useful strategies might be:

- review of private hospital insurer data
- review of Health Quality and Complaints Commission data
- Coronial recommendations
- making funding available to initiate research to facilitate possible evidence-based changes.

6.3. Stakeholder input

Question 1: What other ways could stakeholders provide input or participate in the process to review existing items?

This could be achieved via professional organisations, for example, the ANF, professional colleges, or the ANF in its capacity as Secretariat for the CoNNO.

7. Conclusion

The Australian Nursing Federation welcomes the opportunity to provide advice to the Department of Health and Ageing on the development of a quality framework for the Medicare Benefits Schedule (MBS). While Nurse Practitioners and eligible midwives will only commence accessing MBS items towards the end of this year, nurses and midwives more broadly play a critical role in most areas of the Australian health care system which access MBS funding. Given this involvement, and the significant reliance on services provided by nurses in the Australian health sector, it is vital that nurses are involved in national policy development relating to the MBS processes.

As the Australian union representing over 175,000 nurses and midwives, the ANF looks forward to contributing to the on-going development and evaluation of the MBS Quality Framework. The ANF considers that the use of this Framework should improve the safety and quality of outcomes of health care delivered under the MBS items.

CoNNO
Coalition of National Nursing Organisations

Australasian Cardiovascular Nursing College (ACNC)

Australasian Hepatology Association (AHA)

Australasian Neuroscience Nurses' Association (ANNA)

Australasian Rehabilitation Nurses Association (ARNA)

Australasian Sexual Health & HIV Nurses Association Inc (ASHHNA)

Australian and New Zealand Urological Nurses Society (ANZUNS)

Australian and New Zealand Society for Vascular Nurses (ANZSVN)

Australian Association of Maternal Child & Family Health Nurses (AAMCFHN)

Australian Association of Stomal Therapy Nurses Inc (AASTN)

Australian College of Critical Care Nurses Ltd (ACCCN)

Australian College of Holistic Nurses Inc (ACHN)

Australian College of Mental Health Nurses Inc. (ACMHN)

Australian College of Neonatal Nurses (ACNN)

Australian College of Nurse Practitioners (ACNP)

Australian College of Operating Room Nurses (ACORN)

Australian College of Children and Young People's Nurses (ACCYPN)

Australian Diabetes Educators Association (ADEA)

Australian Faith Community Nurses Association Inc

Australian Infection Control Association (AICA)

Australian Nurse Teachers Society Inc (ANTS)

Australian Nurses for Continence (ANFC)

Australian Nursing Federation (ANF)

Australian Ophthalmic Nurses Association Inc

Australian Orthopaedic Nurses Association NSW

Australian Practice Nurses Association (APNA)

Australian Women's Health Nurse Association (AWHNA)

Australian Wound Management Association (AWMA)

Cancer Nurses Society of Australia (CNSA)

College of Emergency Nursing Australasia Ltd (CENA)

Community Nurse Audiometrists Association Inc (CNAA)

Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN)

Council of Deans of Nursing & Midwifery (Aust & New Zealand) (CDNM)

CRANA*plus*

Department of Defence

Discharge Planning Association

Drug and Alcohol Nurses of Australasia (DANA)

Endocrine Nurses Society of Australasia (ENSA)

Flight Nurses Australia Inc (FNA)

Gastroenterological Nurses College of Australia Inc(GENCA)

Geriaction Inc.

Hyperbaric Technicians and Nurses Association (HTNA)

Institute of Nursing Executives of NSW & ACT (INE)

Medical Imaging Nurses Association (MINA)

National Enrolled Nurse Association of Australia (NENAA)

Nurses in Independent Practice (NIP)

Nursing Informatics Australia (NIA)

Otorhinolaryngology Head and Neck Nurses Group (OHNNG)

Palliative Care Nurses Australia (PCNA)

The Psychogeriatric Nurses Association Australia Inc (PGNA)

Renal Society of Australasia (RSA)

Royal College of Nursing, Australia (RCNA)

The College of Nursing (incorporating the NSW College of Nursing)

Thoracic Society of Australia and New Zealand (TSANZ)

Transplant Nurses Association Inc (TNA)