Nursing in Primary Health Care: Maximising the nursing role

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Key Elements of the Presentation

- Describe nursing roles in primary health care
- What is the evidence on effectiveness?
- What models of nurse led care do we already have?
- What expanded roles could nurses undertake in primary health care and what do consumers think about these?
- What are the barriers and facilitators to expanded roles so as to provide quality and safe primary health care nursing services?
What do nurses working in general practice do?

- Limited evidence
- 6 roles identified: patient carer, organiser, quality controller, problem solver, educator and agent of connectivity (Phillips et al)*
- Good evidence of effectiveness in care management
- Patients happy with nurses providing routine care.

How do general practice nurses describe their role?

• Survey conducted in 2007*

• Level of practice
  – 5% beginner
  – 47% intermediate
  – 41% speciality advanced level

• Level of practice was dependent on the number of years the practice nurses had been working, not their qualifications

Nurse Practitioners

• Nurse practitioners:
  – Practice at an advanced level
  – Masters degree

• November 2010:
  – Medical provider numbers introduced for nurse practitioners
  – Private practice or private sector
  – Endorsed to obtain a Pharmaceutical Benefit Scheme provider number

• Ramifications for the provision of primary care in Australia
  – Development of the primary care multidisciplinary team
Evidence on Effectiveness

• Effective care
• Achieve positive patient outcomes
• Patient compliance
  – Nurses spend more time with patients
  – Communicate more effectively about medication use
• Provide a feasible alternative to GPs managing chronic and complex conditions

Models of face-to-face Nurse Led Care

- ACT Nurse led Walk in Clinic
- Nurse led refugee health care Victoria and ACT)
- Nurse led prisoner health care (ACT)
- Nurse Practitioners. What other roles could they play?
UK nurse-led walk-in centres

• United Kingdom
  – 1999: NHS pilot 20 nurse-led walk-in centres
    • wide opening hours (normally 7.00 am to 10.00 pm every day)
    • walk-in access, without the need for an appointment
    • convenient location
    • providing information and treatment for minor conditions

  – 2010: 93 walk-in centres
Nurse–led Walk – in Centre

• First in Australia in the ACT
• Episodic care from 7am-11pm daily
• Evaluation found high patient satisfaction *
  – Attitude of nurse – 89% very satisfied;
  – Explanation the nurse gave about their problem – 81% very satisfied;
  – Treatment or advice the nurse gave them – 80% very satisfied;
  – Length of time they spent with the nurse – 82% very satisfied;

Overall satisfaction with service at WiC – 79% very satisfied

What do consumers think about Nurse Practitioners in Primary Care?

• The aim of this study was to examine Australian health care consumers' perceptions of nurse practitioners working in primary health care*

• Acceptability and

• Accessibility

*HEALTH CARE CONSUMERS’ KNOWLEDGE AND OPINIONS OF THE ROLE AND USE OF NURSE PRACTITIONERS IN AUSTRALIAN PRIMARY HEALTH CARE. Rhian Parker, Laura Forrest, Nathanial Ward, Clare Scanlon, James McCracken, Darlene Cox, Julie Derrett (Funded by the Australian Government Department of Health and Ageing)
Acceptability

High (+75%)

- Take medical history (91%)
- Triage (89%)
- Provide repeat prescriptions (89%)
- Suture superficial lacerations (88%)
- Order diagnostic tests (85%)
- Diagnose minor infectious illnesses (84%)
- Pregnancy testing (82%)
- Diagnose minor muscle injuries (79%)
- Provide emergency contraception (77%)

Moderate (50 to 75%)

- Manage chronic or continuing conditions (74%)
- Interpret diagnostic tests (56%)
- Initiate a new prescription (50%)
Accessibility: Cost

Consumers were prepared to see a nurse practitioner:

• If the appointment was **bulk billed** (87%)

• Half (50%) would **not** see a nurse practitioner if the appointment was not bulk billed

• Of those prepared to pay out-of-pocket costs (50%) to see a nurse practitioner: **69% would pay ≤ $20 above the Medicare rebate** for an appointment with a nurse practitioner **59% would not** be prepared to pay the **equivalent cost of a GP consultation** to see a nurse practitioner
Accessibility: Timeliness

- Consultations would be available in a more **timely manner** than accessing a GP

"I see them as somebody who can see you perhaps a lot quicker than a doctor, with the length of time we have to wait to see a doctor"

(Female, Bateman’s Bay)
Accessibility: Affordability

• Consultations would incur fewer out-of-pocket costs than seeing a GP

“Not just about physical accessibility, but also accessibility in terms of financially. I think bulk billing is an important thing.”
(Female, Canberra)

“My point would be about my having to see my GP and pay top half each time .... When it could be a nurse practitioner I could be seeing about issues that I really don’t feel I need to see the GP about, and then perhaps I wouldn’t have to pay so much every time”
(Female, Brisbane)
Prevention

• We have significant gaps between optimal care and existing practice

• Nurses need to adequately prepared for advanced roles in prevention

• Systematic Review of primary care nurses healthy lifestyle interventions has found:
Nurses vs Other PHC Professionals
The effectiveness of nurses to deliver lifestyle interventions in PHC, given appropriate training, is apparent and consistent with existing literature regarding the effectiveness of nurses in PHC when compared to a physician.

Dose of Counselling by Nurse
There is consistent evidence from 10 studies (of mixed quality) that provision of some dose of counselling (from 1 to 20 contacts) results in significantly higher changes in intent and readiness for behaviour change and improvement in risk factors (anthropometric, physiological and behavioural) compared to screening alone.

Behavioural Counselling vs Usual Care
Interventions which use behavioural counselling to raise participant readiness for change, as well as providing a combination of appropriate resources, knowledge, support and with sufficient reinforcement, appear to be associated with effective outcomes over the follow-up period.
Career pathways and training

- Need training curricula to support nursing career pathways in primary care
- For Australia to keep step with international developments in PHC nursing we need to prepare nurses for leadership roles
Barriers to Expanded Roles

• Education and Training
• Understanding what nurses in primary health care currently do
• Understanding what more these nurses think they can contribute in their practice
Education and training for nurses in general practice

• No mandatory training

• $28 million allocated over 8 years by Australian government for practice nurses education and training

• No studies to demonstrate impact nor outcomes
Undergraduate curricula

- No competencies specified for primary care
- Preparation for primary care and prevention patchy*
- Reform to curricula needed if we are to increase nursing capacity for primary care

What do we need to do?

• Address the lack of educational preparation at undergraduate/postgraduate level
• National training standards for all primary care nurses
• Process of accreditation for primary care nursing workforce
• Nurse practitioners should be utilised in primary care
What do we need to do?

- Outcomes frameworks for education so we know if we are receiving value for money
- Career frameworks are necessary for recruitment and retention
- Remuneration should be linked to skill levels and education
Understanding Roles

• Better data capture both quantitatively (Survey) and qualitatively (talking to nurses and other health professionals)
Facilitators

- Evidence of effectiveness in key area eg lifestyle interventions,
- Identified expanded roles- healthy lifestyle, sexual health*
- Nurse led care (clinics) some good evidence of patient satisfaction and can improve access

*Keleher & Parker (Forthcoming)
Thank You

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