

Professor Bruce Robinson  
Chair  
MBS Review Taskforce  
Department of Health  
Australian Government

By email: [MBSReviews@health.gov.au](mailto:MBSReviews@health.gov.au)

Dear Professor Robinson

**Re: Feedback on the draft *Medicare Benefits Schedule (MBS) Review Taskforce – Report from the Nurse Practitioner Health Reference Group***

The Australian College of Nursing (ACN) would like to thank you for the opportunity to provide feedback on the draft ***Medicare Benefits Schedule (MBS) Review Taskforce – Report from the Nurse Practitioner Health Reference Group***.

ACN has carefully considered the report and supports the recommendations which articulate better alignment of more than 5,700 MBS items with contemporary clinical evidence and practice to improve health outcomes for patients developed by the Review Taskforce.

ACN consulted our members and provide comments on some of the recommendations below:

**Recommendation 1: Access MBS rebates for long-term and primary care management provided by NPs**

ACN agrees with the recommendation that continuity of care is important for patients and providing extended primary care offers continuity and avoids fragmentation of care. ACN agrees with this recommendation. However, as the promise given to make this recommendation is to improve the health of marginalised groups including Aboriginal and/or Torres Strait Islander people, the caveat of 'once in a 9-month period' (item 721) might need to be lifted or at best reduced substantially to for example 'once in a 3-month period'. The ill health of people in these populations is chronic in nature and might require more frequent assessments<sup>1</sup>.

**Recommendation 2: Improve access to MBS-subsidised NP services in aged care settings**

As access to MBS-subsidised nurse practitioner (NP) services in aged care settings is improved, ACN hopes this will substantially increase the number of NPs in aged care in order to meet the demand. At the moment, the need for NPs within nursing homes has not been achievable. Our population is ageing. Senior Australians are living longer and being cared for in a number of locations, including in

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<sup>1</sup> Cunningham, FC, Ferguson-Hill, S, Matthews, V & Bailie, R, 2016, 'Leveraging quality improvement through use of the Systems Assessment Tool in Indigenous primary health care services: a mixed methods study', *BMC Health Services Research*, 16:583 <<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-016-1810-y>>

their own home or that of a relative's, retirement villages and aged care facilities in differing levels of care. GPs only visit aged care facilities when they are called in by staff or relatives. Their infrequent care and medication reviews are potentially harmful<sup>2</sup>. On the contrary, the availability of NPs at aged care facilities could offer longer consultation and improved care for the residents.

### **Recommendation 3: Enable DMMRs and RMMRs to be initiated by NPs**

ACN agrees that NPs should be able to initiate Domiciliary Medication Management Reviews (DMMRs) and Residential Medication Management Reviews (RMMRs) as they have carried out the health care with the patients. This policy must take place and be consistent across all states and territories of Australia.

### **Recommendation 4: Increase the schedule fee assigned to current MBS NP professional attendance items**

Although there is sufficient need in the community for an NP to work in their role in the private sector on a full time basis, this is not financially possible with the MBS rebates set at their current level. ACN members have witnessed many NPs working in an alternative role to support themselves financially. At this time, the remuneration provided for NPs would not allow for a reasonable wage, practice overheads and leave entitlements.

### **Recommendation 5: Longer NP attendances to support the delivery of complex and comprehensive care**

ACN supports this recommendation and hopes that NPs will work in conjunction with community nurses. This change is particularly needed in regional, rural and remote settings.

### **Recommendation 6: Access MBS rebates for after-hours or emergency care provided by NPs**

ACN supports this recommendation as GPs are appropriately remunerated for working after-hours and believes the work provided by NPs should also be adequately remunerated. This should also be applied to those working in small hospitals and clinics in regional, rural and remote settings.

### **Recommendation 7: Access MBS rebates for NP care received outside of a clinic setting**

ACN supports this recommendation as many people who cannot visit health care facilities may receive care outside of a clinic setting.

### **Recommendation 8: Remove the mandated requirement for NPs to form collaborative arrangements**

ACN agrees with the recommendation. NPs work in collaboration with many other healthcare professionals. They naturally form collaborations with other members of the clinical team. The need for a formal agreement with a medical practitioner is unnecessary and in some circumstances limits the NP being able to provide care due to lack of support from medical practitioners. This reduces

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<sup>2</sup> Pearson, R., Mullan, J., et.al, 2018, 'Australian general practitioner attitudes to residential aged care facility visiting', Wiley Online Library, <<https://onlinelibrary.wiley.com/doi/abs/10.1111/hsc.12561>>

appropriate access and equity of care for patients. The role of NPs are regulated and governed by the Australian Health Practitioner Regulation Agency (AHPRA) and the Nursing and Midwifery Board of Australia (NMBA). NPs are not regulated and governed by other medical professions.

**Recommendation 9: Remove current restrictions on diagnostic imaging investigations subsidised under the MBS when requested by NPs**

NPs are educated and skilled within their own scope of practice. They will refer a patient for imaging if it is going to change the treatment for the patient. It creates double servicing when a patient must seek a request for medical imaging from a medical practitioner while the patient is in the care of an NP. This restricts the NP's ability to provide holistic care and raises privacy issues if the patient does not regularly see a medical practitioner but the reports are sent to that medical practitioner.

Currently Medicare is being 'double-dipped' as NPs have to refer their patients to a medical practitioner which has a cost of another consult to Medicare plus fragmented care for the patient and a potential for delayed follow up which may be crucial to a positive clinical outcome. These restrictions should be lifted.

**Recommendation 10: Enable patients to access MBS rebates for procedures performed by an NP**

This is an equity issue. NPs should have access to all procedural item numbers that the GP has access to. Patients who must pay an out-of-pocket expense for procedures carried out by an NP are being restricted from access to care. Access should be structured on the patient's medical condition and not their ability or willingness to pay. No specific items should be listed under this recommendation. It should include all procedural numbers available to the GP including the Assistance at Operation Item number 51300-51318. Orthopaedic splinting and dislocation reductions also need to be included in procedural lists performed by NPs in primary care settings, particularly acute care clinics.

**Recommendation 11: Add GPs as eligible participants in NP patient-side telehealth services**

The primary care model promotes a coordinated team approach to health care delivery, of which NPs are one component of this care. While specialists form a necessary component, GPs are an integral part of this multidisciplinary approach and, alongside NPs, are patients' first point of contact for chronic conditions and mental health planning, and most health care encounters. It therefore makes sense to include GPs in NP-led telehealth interactions. ACN supports patient's confidentiality and their right to choose not to have a GP with them, but there may be instances where it is highly appropriate as part of a multi-disciplinary team approach to have the GP part of the consultation.

**Recommendation 14: Allow telehealth consultations to take place via telephone where clinically appropriate**

Consultations with GPs and other healthcare workers via the telephone are part of how healthcare is delivered in the 21st century. ACN agrees with this recommendation as it is particularly suitable for patients who live far from health facilities and might need to travel for several hours to be able to access the required health services.

In conclusion, ACN strongly advocates for measures to promote health and wellbeing and strongly supports appropriate access to health care services. The importance of the MBS changes for NPs and subsequently enhancing patient access to health care services cannot be underestimated. There are

1,784 endorsed NPs in Australia<sup>3</sup>, however not all of these expert nurses are employed in NP positions or working to their full scope of practice. Facilitating the recommended changes to the way MBS item numbers can be accessed for NPs will change this.

The *Medicare Benefits Schedule (MBS) Review Taskforce – Report from the Nurse Practitioner Health Reference Group* review of nurse practitioner access to MBS items will provide timely provision of quality health care to the Australian population, reduce costs, duplication of work, and improve equity of access to those who face disadvantage. The present restrictions on some of these items increases inequity in disadvantaged populations including older Australians and those living in rural and remote areas, and impair the viability of successful NP practices, both independent and within health care clinics.

ACN supports the recommendations made in the *Medicare Benefits Schedule (MBS) Review Taskforce – Report from the Nurse Practitioner Health Reference Group*. The potential benefits to health care consumers will be greatly increased with access to safe, quality health care. It will enable health care consumers to access rebates for a wider range of services, provide more timely delivery of healthcare, reduce fragmentation of care, and support NPs to work to their full scope of practice.

ACN is the pre-eminent and national leader of the nursing profession. We are committed to our intent of advancing nurse leadership to enhance health care and strongly believe that all nurses, regardless of their job title or level of seniority, are leaders.

Please contact ACN's Policy and Advocacy Manager, Dr Carolyn Stapleton FACN, at [carolyn.stapleton@acn.edu.au](mailto:carolyn.stapleton@acn.edu.au) if you have any questions or would like further information.

Yours sincerely



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<sup>3</sup> Nursing and Midwifery Board of Australia, 2018