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Uptake of Medicare chronic disease items in Australia by general practice nurses and Aboriginal health workers

Abstract

The Australian health care system is currently in a state of reform and there is increasing pressure to provide care in community settings. Rising costs, demands and population ageing underscore the importance of adopting models of health care delivery to address changing epidemiological patterns. Population ageing and the increase of chronic conditions challenge models based on acute care. Changes to the Medicare benefits schedule have facilitated the development of a range of expanded nursing services in the general practice setting. In particular, item number 10997 was introduced to reimburse practice nurses and Aboriginal health workers (AHWs) for providing monitoring and support to people with a chronic disease for and on behalf of a general practitioner (GP). The uptake of Medicare Item 100997 from 2007 to 2009, to monitor chronic disease interventions provided by general practice nurses has increased dramatically. The rate of uptake of Item 100997 has not been consistent across States and Territories, even allowing for population distributions. Exploring reasons for these regional variations and linking uptake of Medicare Item numbers to patient outcomes is important in developing the nursing role in Australian general practice.

Keywords

health, aboriginal, nurses, practice, general, workers, australia, uptake, items, disease, chronic, medicare

Disciplines

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Uptake of Medicare chronic disease items in Australia by general practice nurses and Aboriginal Health Workers.

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ABSTRACT

The Australian health care system is currently in a state of reform and an increasing pressure to provide care in community settings. Rising costs, demands and population ageing underscore the importance of adopting models of health care delivery to address changing epidemiological patterns. Population ageing and the increase of chronic conditions challenge models based on acute care models. Changes to the Medicare benefits schedule have facilitated the development of a range of expanded nursing services in the general practice setting. In particular, item number 10997 was introduced to reimburse practice nurses and Aboriginal Health Workers for providing monitoring and support to people with a chronic disease on behalf of a general practitioner (GP). The uptake of Medicare Item 100997 from 2007 to 2009, to monitor chronic disease interventions provided by general practice nurses has increased dramatically. The rate of uptake of Item 100997 has not, been consistent across States and Territories, even allowing for population distributions. Exploring reasons for these regional variations and linking uptake of Medicare Item Numbers to patient outcomes is important in developing the nursing role in Australian general practice.

(Word count 177)

INTRODUCTION

Chronic and complex conditions represent a growing burden to individuals and health care services and this situation is further complicated by an increasingly ageing population with multiple co-morbid conditions. The health outcomes for patients with chronic disease can be improved by an evidence-based approach to management (Wagner, 2000). Importantly, the cost of health care delivery is reduced when care is delivered in the community rather than in the acute care setting. Subsequently the role of nurses and other health care professionals working in the community setting is increasingly important to enable cost effective, best practice care.

The complex and multifaceted care required to appropriately manage chronic disease necessitates an interdisciplinary approach. It has been demonstrated internationally that both care processes and health outcomes can be improved by using nurses and allied health professionals to address these issues and augment the role of primary care doctors (Katon, Von Korff, Lin, & Simon, 2001). These findings have influenced changes in service delivery. A range of initiatives have been undertaken in Australia to support general practice to provide better chronic care (Halcomb, Davidson, Daly, Yallop, & Tofler, 2005; Hall, 2007), including expansion of the practice nurse workforce (Halcomb, 2008), changes in general practice funding for service delivery to patients with chronic conditions

(Medicare Australia, 2008) and funding for strategic research and evidence translation.

In recent years there has been an unprecedented expansion in the numbers of practice nurses in Australia, largely fuelled by enabling policy strategies (Halcomb, 2008). Between 2005 and 2007, the number of nurses working in general practice increased by 59% (Australian General Practice Network, 2008). Currently, at least one practice nurse is employed in nearly 60% of general practice settings (Keleher, Joyce, Parker & Piterman, 2007). This rapid growth has occurred in line with the shift from secondary to primary health care and an enabling policy context to address increasing chronic disease, an ageing population and workforce shortages (Alford & O'Meara, 2001; Pegram, Sprogis, & Buckpitt, 1995).

While nurses working in general practice and primary care have been important providers of disease management internationally, providing chronic care is a relatively new area of activity for Australian practice nurses. There is a growing body of evidence to support the efficacy of practice nurse interventions in those with established chronic disease (Halcomb, Moujalli, Griffiths, & Davidson, 2007; Keleher, Parker, Abdulwadud & Francis, 2009; Zwar et al., 2007; Zwar et al., 2006),, however much of this evidence is limited to research undertaken in the United Kingdom (Halcomb, 2007). Whilst these data can inform the development of Australia health services, the differences in the organisation and structure of

the various health systems means that research is required in Australia to specifically evaluate interventions in this setting and appraise local outcomes.

To date, a major barrier to developing the practice nurse role in chronic disease management has been the Australian funding model for services provided by practice nurses (Halcomb, 2008; Halcomb, Davidson, Griffiths & Daly, 2008; Halcomb, Davidson, Salamonsen & Ollerton, 2008). Many general practices operate within a small business model, either with solo or small groups of general practitioners (GPs) and practice staff. To remain financially viable, the services provided to patients by the practice need to generate income either through the Medicare system or by fee-for-service (Commonwealth Department of Health and Aged Care, 2005). Since consumers have been identified as largely unwilling and unable to pay additional fees for services provided by practice nurses (Cheek et al., 2002), there is an imperative to generate income for practice nurse services within the Medicare Benefit Scheme.

Currently the practice nurse role in chronic disease management is funded by the Australian government's Medicare Benefits Scheme. The Medicare Benefits Schedule has been amended in recent years to include a number of item numbers related to chronic disease management by GPs and other health care professionals (Items 721, 723, 725, 727, 731) (Medicare Australia, 2008; Swerissen & Taylor, 2008). Practice nurses can support GPs in the process of undertaking health assessments and developing care plans under these item

numbers, however their involvement is at the discretion of the individual GP and independent practice models are rare..

In 2007, the Medicare Benefits scheme introduced Item 10997 for providing monitoring and support to people with a chronic disease by a practice nurse or registered Aboriginal Health Worker on behalf of a GP (Medicare Australia, 2008). Item 10997 may be used to provide checks on clinical progress, monitoring medication compliance, providing self management advice, and collecting information to support GP reviews of care plans (Medicare Australia, 2008). Although AHWs work across a range of practice settings they provide an active role in community controlled organisations that provide primary care and general practice services. Whilst these changes to the Medicare benefits scheme supports the development of the practice nurse role in chronic disease management, a formal evaluation of the scope of interventions provided by practice nurses with this item number is required.

The purpose of this paper is to explore the uptake of item 10997 and discuss the implications of these findings for developing the practice nurse role in Australia.

Method

As part of a larger study to describe chronic disease management by practice nurses in Australia, data reimbursement for item 10997 were extracted from publicly available data provided by Medicare Statistics Australia (Medicare

Australia, 2010) from July 2007 – December 2009. This study was approved by a university ethics committee, Data were exported to Microsoft excel and analysed using descriptive statistics.

Results

Between July 2007 to December 2009, there were 376, 201 claims of item 100997 across Australia. As can be seen from Figure 1, the number of claims has increased dramatically over the three years since its introduction.

<< Insert Figure 1 here>>

The uptake of the item number has not, however, been consistent across the country. The greatest uptake per 100, 000 population has been seen in Tasmania, South Australia and New South Wales (Figure 2). All States and Territories, except the ACT, have shown an increased uptake over the three years of the program (Figure 2 & 3).

<< Insert Figure 2 and 3 here>>

In terms of the patients who received these services, although most (58.9%) were aged over 65 years, a significant number were aged between 35-64 years (36.7%) (Table 2. As can be seen from Table 2, there was no sex differences between the utilisation of the item, despite the higher numbers of older women.

DISCUSSION

The increased uptake in the chronic disease item number has corresponded with period of substantial growth in the practice nurse workforce (Australian General

Practice Network, 2008). So, whilst more services have been claimed, there have also been more eligible health professionals in the workforce able to provide this service. Therefore, whilst the overall trend of uptake may continue to rise in line with the ageing population and rise in chronic disease, the rate of this rise will likely reduce in coming years.

Previous Australian studies have identified that reimbursement issues and access to item numbers constrain the practice nurse role (Halcomb, Davidson, Salamonson et al., 2008). Therefore, whilst the increasing use of item 10997 evidences a growth of chronic disease services by practice nurses and Aboriginal Health Workers, ongoing evaluation of nursing services that fall within this item need to be compared to evidence-based practice for chronic disease management. Additionally, there are few studies to date that have evaluated the impact of practice nurse interventions on health outcomes (Halcomb et al., 2007). Further rigorous research is required to develop, and evaluate the efficacy of practice nurse interventions in terms of cost-effectiveness and patient outcomes.

The factors underpinning the variable uptake of Item 10997 across Australian States and Territories remain unclear. One explanation may be that it is linked to the variations in State/Territory funded health services across the country and potential activities of general practice and state based health organisations. Given the recent moves to increase the Federal governments' control of primary health services (Australian Government, 2010), it is timely to explore these data to ensure universal access to evidence based chronic disease services.

An interesting feature of the data from this investigation is the use of item 10997 in a significant proportion of patients aged less than 64 years. This is a positive finding in that that these younger patients are receiving 'early' interventions that will potentially delay the onset of some disease processes and reduce the incidence of complications of chronic disease. However, the fact that so many younger patients are requiring such intervention hints at the future disease burden and long term support that will be required by these patients.

CONCLUSION

This study has provided a description of the increasing role of general practice in chronic disease management within Australia. In many ways it affirms the success of policy initiatives to promote the nursing role in Australian general practice. Given the evidence of such rapid role development it is timely to conduct further investigations into the nature and scope of the nursing interventions provided under item 10997 and importantly links these activities to patient outcomes. Additionally, as a new service model, it is important to investigate how these services provided by practice nurses fit within the health care system to maximise efficiency, minimise duplication of services and optimise health outcomes. It is also important to ensure that activities of general practice nurses and Aboriginal Health Workers are matched to population need. As the burden of chronic disease increases and the focus of health care delivery focuses on primary care, exploring the nursing role in general practice is important in ensuring effective and appropriate health service delivery.

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