

Human Services – Identifying sections for reform, productivity Commission issues paper June 2015

Submission

Nurses work in all parts of the health sector and are ideally placed to play a key role in care management of the person with a chronic condition, and preventable conditions. Reform needs to address the issue of registered nurses not being recognised on an equal footing to other health professionals who are able to claim rebates through Medicare and the private health funds for being involved in care co-ordination. Health service reform also needs to address funding of Credentialed diabetes educators (CDE)s, in managing one of the key priority health areas - diabetes.

Credentialed Diabetes Nurse Educators are specialists in diabetes chronic disease management. They have undergone Post graduate study, and have a minimum thousand hours of delivery of practice - often having to do this in a voluntary capacity, under supervision, despite being a qualified RN Div 1. They have also participated in a minimum 6 month mentoring partnership, being mentored by a qualified CDE over this time. Credentialed Diabetes Educators (CDE) are recognized as allied health professionals under the chronic disease management EPC team care arrangements, for a health professional to assist in management/care of a person with a chronic disease.

The existing regulations (as noted on p16) can be quite regimented, often inflexible, and appear limited in coverage. Limited choices and options can disadvantage the person with a chronic disease. Under the current care plan model of funding, to be eligible for a care plan the person must have a chronic condition likely to last at least 6 months duration. To access a health professional of their choice they must have a current care plan (within the last 12 months). Funded visits under the team care arrangement for their chosen Health professionals under the care plan are limited to 5 in a calendar year. These consults must be carried out face to face. There are strict requirements for the health professional to report back to the care plan provider. The person with diabetes may require more than 5 visits, if management is to be ongoing and effective. Many of the services a person requires will be ongoing. Use of technology and teleconferencing could make a big difference in this area. But the health professional, particularly nurses cannot be reimbursed for this service under the current model.

These 5 funded visits per calendar year are shared amongst the various health professionals that the individual may need. Someone with diabetes is advised to see a range of health professionals to assist with management of their diabetes. Each Health professional due to the limited number of visits has to compete with the others each and every year. The RN Div 1 clinical nurse specialist in diabetes education (CDE) is the only health professional that is limited to the CDE Medicare item no 10951. All other primary health care professions can provide services rebated by Medicare under their primary discipline.

Are nurses (RN Div 1's) then not considered to be health professionals. ????

How many nurses are there trained in chronic disease management. It is what we do! It is not about just treatment or acute episodes. Nurses can provide an individual with ongoing care, health education and management throughout their life. They provide holistic care, looking at the spiritual, physical and emotional health of the individual. They advocate for the individual. They look at the

whole person – not just a specific body area. The clinical nurse specialist in diabetes (CDE) provides education around diabetes management, in all aspects of a person's life. They focus on managing the chronic condition so the person can live a productive and fruitful life, and be less of a burden on the already stretched health services and its limited resources. The RN Div 1 clinical nurse specialist in Diabetes (CDE) can provide early intervention and ongoing management which assists with the prevention of complications.

Registered Nurses are the largest group of trained health professionals in the country. If we are looking for a change of paradigm – they are a highly under-utilized resource in both the community and in the private sector. Employment is limited to paid positions in government funded or private health facilities. Care in both sectors is limited to the number of nursing staff that can be employed. The closure of beds, or diminishing of services is often due to the underemployment of nurses. Nurses are considered to be one of most trusted professions. But Nurses cannot work in the private sector as an individual as other health disciplines can. This despite having a very stringent code of practice, professional standards and a code ethics and requiring yearly review of practice for registration with AHPRA. Box 1 in the reform paper identifies competition in the sector being an important driver in promoting health, and driving health reform. Competition between the private and public sector is seen as advantageous. No health discipline should be disadvantaged by competition. The role of the RN Div1 - clinical nurse specialist (CDE), despite post graduate qualifications is not recognized by the majority of private health funds. How can they equitably compete in the private sector?

Even if someone with diabetes has top health insurance with extras and they wish to see a CDE they will have to pay a private fee with no rebate, if the CDE is a nurse. CDE of other health professions can be rebated for their primary discipline. In the Primary Care Human Services - identifying areas of reform paper - it brings up the question of equity of choice (p10) for the person with a chronic condition. The person may see the RN Div1 - clinical nurse specialist in Diabetes (CDE), a nurse as the most beneficial person to assist in management of their condition at this time, yet that will be the most expensive service - as there is no private rebate, and limited EPC funding.

CDEs are often situated in GP practices, but are required to bring in income and pay for rent of rooms and joint services such as admin support like any other health professional. To cover these costs the CDE must charge a fee. This fee may partially be offset for the user by the Medicare funded EPC sessions, but if further services are required the user would have to pay the private fee. The GP practice will often set the fee. A no show is a no fee. Do we expect nurses to work for below the minimum wage level and below the award rates in the private sector? Do we not utilize the nurse's knowledge of the many sectors of the health industry, and how to navigate it, someone who can advocate for the individual and their health needs?

With recent media articles, and the AIHW and other research reports identifying Diabetes as the fastest growing chronic disease in Australia, with future health cost projections likely to spiral out of control. It is a lost opportunity not to invest in prevention, early management and limiting the complications of diabetes through utilizing the RN Div 1 clinical nurse specialist in diabetes management (CDE), and funding them on the same equal playing ground as other health professionals.