

# Independent Taskforce Recommendations

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Below are additional primary care centred recommendations from the Taskforce, independent from the GPPCCC and PCRGs.

## 5.1 Collaborative Arrangements

### **Taskforce Recommendation 1 - Review Collaborative Arrangements**

The Taskforce strongly endorses collaborative arrangements in ensuring patient safety.

Collaborative Arrangements were established in 2010 and provide guidance on the details of collaborative arrangements, functions and the responsibilities of the NP involved in the collaboration, in relation to referrals, consultation and record keeping. The existing arrangements do not refer to scope of clinical practice.

The Taskforce recommends a review of Collaborative Arrangements to ensure safe and appropriate care, within the specified scope of clinical practice of the individual NP involved in the collaboration. Consideration should be given during the review to the responsibilities of the other parties in the collaboration to ensure that referrals are made according to the defined clinical scope of practice of the NP so that patients receive safe and appropriate care.

*\* This recommendation has also been captured in the nurse practitioner taskforce finding document*

## 5.2 Scope of Practice

### **Taskforce Recommendation 2 - Establish scope of practice and credentialing frameworks for nurse practitioners**

Throughout deliberations on the 14 recommendations presented by the NPRG, the Taskforce identified the lack of clarity regarding NP scope of practice as a major barrier to expansion of services through the MBS.

The Taskforce recommends NPs work together with their professional bodies to develop a clinical governance framework to be used as a guide for both the profession and others on an individual NP's scope of practice. This could be guided by the NMBA's professional practice framework and by reference to the framework for Rural and Isolated Practice Registered Nurses in Queensland and Victoria.

*\* This recommendation has also been captured in the nurse practitioner taskforce finding document*

## 5.3 Alternative Models

### **Taskforce Recommendation 3 – Review alternative pathways to fund nurse practitioner services**

The Taskforce notes the high level of variability in current NP operating models, including a variety of different funding arrangements that have a direct impact on the sustainability and innovation of the NP model of care. Exploration of alternative funding models outside the MBS is regarded as a more appropriate pathway.

The Taskforce recommends a review to canvass and assess alternative funding models to include practice/facility incentive payments, bundled payments, capitated, blended payments, or voluntary patient enrolment involving but not limited to the following:

- State and Territory Funded Health Services,
- PHNs,
- Health Care Homes,
- LHNs, and/or
- VPE model, and/or
- the MBS.

More information on Alternative Funding Models can be found in the '[Other Considerations](#)' section of this report.

**\* This recommendation has also been captured in the nurse practitioner taskforce finding document**

#### **Taskforce Recommendation 4 - Investigate an alternative funding model for home birthing for patients with low-risk pregnancies**

The Taskforce acknowledges the importance of safe, high quality care for all obstetric patients. Low risk deliveries may include birth in the home, under the care of an appropriately trained midwife working collaboratively with multidisciplinary support.

The Taskforce considers that the MBS is not the appropriate funding model or pathway to support collaborative quality patient care for low-risk home births and agrees the PMRG did not offer a suitable alternative solution.

Alternative funding models could be developed to support for low-risk home birthing services. If the Government was to explore this, the Taskforce recommends the following be considered:

- Define appropriate collaborative arrangements to ensure patient safety
- Undertake a thorough review into current access barriers, including:
  - definition of low risk
  - accepted mechanisms to support patient safety and best practice and
  - medical/professional indemnity insurance arrangements for participating midwives
- Develop a definitive care framework supporting collaborative care arrangements between the patient, participating midwife, general practitioner obstetrician and/or specialist obstetrician for the duration of the pregnancy and at least two weeks post-partum.
- Evaluate maternal and neonatal outcomes in the Australian health system.

**\* This recommendation has also been captured in the participating midwives Taskforce finding document**

## **5.4 Research**

#### **Taskforce Recommendation 5 – The Taskforce recommends development of a research agenda to identify research priorities and to inform any future policy changes or implementation**

Some recommendations from the GPPCCC and PCRGs are supported by the Taskforce in principle, but the demonstration of need and the evidence presented in the rationales are insufficient or too weak for endorsement. At this time, these recommendations are best addressed through evaluating the research required to further develop their evidence-base.

A research agenda should be developed to prioritise research gaps.

Undertaking research will also provide a stronger evidence-base for any future work around these recommendations and for larger-scale projects such as the 10 Year Plan for Primary Care.

### **Taskforce Recommendation 6 – The Taskforce recommends development of a new research channel to fund, conduct, and publish research on how Australian healthcare can best benefit patients**

Previously, questions arising from the MBS Review have been about medical science and have thus been diverted to MSAC or been resolved by expert opinion. Similarly, questions regarding pharmaceuticals stemming from reviews often focus on the drugs and technologies and are referred to the Pharmaceutical Benefits Advisory Committee (PBAC) or relevant experts.

Primary care, however, focuses mostly on human behaviours and clinical care.

The Taskforce agrees that broader and more in-depth research is needed to inform primary care in the Australian health system, with a focus on clinical benefits for patients.

The current main instruments for health research funding, the NHMRC and the MRFF, cannot provide adequate support for the amount of funding and type of research required.

- The NHMRC is Australia's peak funding body for medical research.
- The MRFF is a \$20 billion long-term investment supporting Australian health and medical research.

The Taskforce recommends the development of a new research channel to fund, conduct, and publish research on how Australian healthcare can best benefit patients.

An example of a successful model to consider when developing this new research channel is the National Institute of Healthcare Research (NIHR) in the United Kingdom (UK). The NIHR research a wide range of clinical questions about care pathways and fund health and care research, providing the people, facilities, and technology that enable the research to thrive.

The NIHR works in partnership with the UK's National Health Service, universities, local governments, other research funders, patients and the public, to deliver and enable world-class research that transforms people's lives, promotes economic growth and advances science. The NIHR is primarily funded by the UK Department of Health and Social Care, but also receive UK Aid funding to support research for people in low- and middle-income countries.

## **6 Other considerations**

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### **6.1 Government announcements that align with GPPCCC recommendations**

In April 2019, the Government announced funding of up to \$448.5 million over three years to support enhanced primary care to patients through a VPE model. Australians over the age of 70 years of age will be able to voluntarily enter into an agreement with their general practice and receive more personalised, consistent and co-ordinated care, with usual services continuing to be rebated under Medicare. The GPPCCC report contains two draft recommendations supporting the introduction of a patient enrolment model (Phase 2, recs 2 and 3).

In December 2018, the Government announced funding of up to \$98 million over four years, to introduce a new payment of a “flag fall” for GPs attending RACFs. This recommendation was based on clear stakeholder feedback both to the GPPCCC as well as to the DoH. The GPPCCC report contains a draft recommendation reflecting this (Phase 2, rec 9).

## 6.2 Telehealth

During deliberations on the primary care recommendations, the Taskforce agreed the nine telehealth related recommendations should be separated out and considered along with other outstanding telehealth recommendations from across the MBS review.

The Taskforce formed a Telehealth Working Group to assess the future of telehealth in the MBS and develop principles to help guide telehealth in the wider health system, including outside the MBS.

## 6.3 Medical Services Advisory Committee (MSAC)

The Taskforce notes some recommendations from the groups were better placed for submission to MSAC than for consideration through the MBS Review process, as the Taskforce does not have powers to change professional group access to existing MBS items or make recommendations on revenue use.

MSAC appraises amendments and reviews of existing services funded on the MBS or other programs (for example, blood products or screening programs) on an assessment of comparative safety, clinical effectiveness, cost-effectiveness, and total cost, using the best available evidence.

## 6.4 Alternative Funding Models and Pathways

Some recommendations were supported by the Taskforce in principle, but the changes or implementations proposed do not fit within the MBS and should be addressed through an alternative funding model or an alternative pathway.

Below are some examples of alternative pathways that may be considered for any future work around non-endorsed recommendations:

- **Health Care Homes:**

A HCH is an existing general practice or ACCHS that further commits to a systematic approach to chronic disease management in primary care. This approach supports accountability for ongoing high-quality patient care. It uses an evidence-based, coordinated, multi-disciplinary model of care that aims to improve efficiencies and promote innovation in primary care services. The team approach and the bundled payment model provides GPs, nurses and other health care professionals greater flexibility to shape care around an individual patient’s needs and goals and encourages patients to participate in and direct their own care.

- **Incentive Programs (e.g. the Practice Incentive Program):**

Through incentive payments, the PIP supports and promotes general practice activities that encourage continuing improvements, quality care, enhancing capacity and improving access and health outcomes for patients. The PIP is administered by DHS, on behalf of DoH. There are currently seven incentive payments:

- eHealth (Digital Health) Incentive,
- After Hours Incentive,

- Rural Loading Incentive,
  - Teaching Payment,
  - Indigenous Health Incentive,
  - Procedural General Practitioner Payment, and
  - General Practitioner Aged Care Access Incentive.
- **Primary Health Networks:**

PHNs are independent primary health care organisations, located throughout Australia. They are funded to undertake activities and commission services to address the prioritised primary health care needs of their communities and to improve efficiency, effectiveness and coordination of care.

## 6.5 Research Initiatives

Some recommendations were supported by the Taskforce in principle, but the changes or implementations proposed are better referred to an existing research platform.

Below are some examples of research pathways that may be considered for any future work around non-endorsed recommendations:

- **Indigenous Health Research Fund**
  - The Indigenous Health Research Fund is a national research initiative to improve the health of Aboriginal and Torres Strait Islander people via:
    - a 10-year research program funded by the MRFF supporting practical, innovative research into the best approaches to prevention, early intervention, and treatment of health conditions of greatest concern to Indigenous communities, and
    - focused research projects that fall into five key areas - guaranteeing a healthy start to life, improving primary health care, overcoming the origins of inequality in health, reducing the burden of disease, and addressing emerging challenges.
- **Medical Research Future Fund:**

The MRFF is a \$20 billion long-term investment supporting Australian health and medical research. The MRFF aims to transform health and medical research and innovation to improve lives, build the economy and contribute to health system sustainability.
- **Million Minds Mental Health Research Mission:**

The Million Minds Mental Health Research Mission will support research that addresses key national mental health priorities. It specifically encourages research to be translated into practice.
- **Preventative and Public Health Research initiative:**

The Preventative and Public Health Research initiative's goal is to support targeted research on new ways to address risk factors for chronic and complex diseases in Australia.
- **Primary Health Care Activity – Indigenous Australians' Health Programme:**

The Primary Health Care Activity (PHC Activity) is a component of the Indigenous Australians' Health Programme (IAHP), which aims to ensure Aboriginal and Torres Strait Islander people have access to effective health care services in urban, regional, rural and remote locations across the nation.

The PHC Activity provides grant funding to a range of organisations including Aboriginal community controlled health organisations (ACCHOs), to support and deliver comprehensive, culturally appropriate primary health care services to Aboriginal and Torres Strait Islander people and provide system-level support to the Indigenous primary health care sector.

- **Primary Health Care Research initiative:**

The Primary Health Care Research initiative supports health professionals and researchers with an interest in primary care to conduct research that is relevant to their needs. As a result, patients will experience improved, evidence-based primary health care in Australia.

In the first instance, a \$5 million open targeted call for research will be established in 2019–20 to fund projects that align with priorities currently being developed under the Primary Health Care 10 Year Plan.