**Introduction**

In 2008-09, patients received more than five million preventative, wound care and chronic disease services provided by practice nurses (PN) on behalf of general practitioners. Divisions of General Practice used data from Medicare Australia in their reports against the practice nurse National Performance Indicator for 2008-2009. This substantial contribution to better access was associated with Divisions of General Practice activities to support practices and nurses.

Practice Nursing is supported by the Australian Government through a range of PN Medicare Benefit Scheme (MBS) rebates where PNs provide services on behalf of a GP without the client having to see the GP. Increases in the number of practices claiming PN services, and in the number of PN services claimed, suggest that more patients receive services, thus improving access.

Practice incentive payments (PIP) supplement the PN MBS rebates. Accredited Australian general practices are eligible to register for a range of PIPs, including practice nursing services. This payment provides an incentive for practices to employ a PN and is available to rural and urban practices in areas of workforce shortage.

**Key findings**

The Primary Health Care Research and Information Service (PHC RIS) collects and manages data from Divisions of General Practice 6 and 12 monthly reports, and the Annual Survey of Divisions (ASD). One hundred and thirteen (113) Divisions completed 12 month reports against National Performance Indicators for the 2008-09 reporting period. This summary is the result of analysis of relevant numeric and text items in both sets of Division data.

**Overall PIP practices claiming practice nurse services**

- On average, 73% (n=3,343) of PIP practices nationally claimed PN services. Figure 1 shows the diversity in number of practices per Division, and in proportion claiming PN services.

- NSW had the largest proportion of PIP practices claiming PN services (65%) while the Northern Territory had the largest (95%).

- PIP practices accounted for 90% of PN service claims in most states, but for only 49% of claims in the NT.

- In the metropolitan divisions, 67% (1,995/2,987) of PIP practices claimed PN services, which was the smallest proportion, while at 87% (217/250) the largest proportion of rural-remote divisions claimed PN services.

- Compared to 2007-08:
  - There was little change in the number of PIP practices. Overall, Divisions (n=98) reported 4,755 practices operating in the PIP scheme, 12 less than the previous year (n=4,767).

---

3. The high rate of non-PIP practice PN claims in the NT may be due to claims from (non-PIP eligible) Aboriginal Community Controlled Health Services.
The number of PIP practices claiming PN services increased by 2% (from 3 371 in 2008 to 3 454 in 2009).

The total number of PN services claimed by PIP practices increased by 3%, from 4 594 557 in 2008 to 4 727 389 in 2009.

PIP PN service claims increased in five states, but WA, NT and the ACT recorded about 5% fewer PN service claims than in 2008.

Divisions conducted a number of activities to enhance the use of PN services. Three of these activities influenced the mean number of claims per practice as well as the proportion of PIP practices claiming PN services. These activities were: support for professional development, chronic disease management and use of enhanced primary care items. The mean number of PN claims per practice was about 1 300, but was lower in Divisions which did not provide support for professional development (mean=797), chronic disease management (mean=895) and the use of enhanced primary care items (mean=829) (Figure 2). Similarly, the proportion of PIP practices claiming PN services dropped from 70% to less than 60% if Divisions did not provide professional development (58%), chronic disease management (52%), or enhanced primary care support/chronic disease management items (54%).

Barriers to enhancing use of PN services
Divisions identified the following factors as potential barriers for enhancing the use of PN services:

- Cultural factors; GPs preferred to perform own procedures, or did not see the financial or quality benefits of employing practice nurses
- Limited workspace and facilities
- Practices not in a financial position to hire a PN
- Concerns about the processes and eligibility of practices claiming PN services
- The unavailability of, or difficulty retaining, PNs with high level qualifications or specialised experience, particularly in isolated geographical areas
- The instability of PN positions.

Enablers to enhancing use of PN services
Divisions undertook a wide range of activities to boost the recruitment of PNs and to build capacity within the existing PN workforce:

Recruitment:

- Using business case modelling to promote the value of PNs to practices, especially income potential; using ‘champion practices’ to promote a business case for employing a PN
- Using data extraction tools to demonstrate where and how PNs could best be employed to serve practice and practice population interests

Capacity building:

- Up to date information provided about claiming PN MBS items (eg. Desktop Guide to MBS Item Numbers and MBS item wall charts)
- Accreditation support
- Direct engagement with practices to scope their use of PN service items
- Targeted education strategies to build confidence within general practice about appropriate claiming of PN services; holding regular PN and practice manager meetings that cover how to bill item numbers, when to bill the appropriate item numbers, how to use templates and employing data management.

To contact PHC RIS:
Web: www.phcris.org.au
PHC RIS Assist: 1800 025 882
Email: phcris@flinders.edu.au

Publication date: March 2011