Nursing New Futures

Tracey Johnson, CEO, Inala Primary Care
The future is already here — it's just not very evenly distributed.

-William Gibson
What do they share?
It has it all:

• Historical & economic insights
• Heroes & villains
• Love & loss
• Death and new beginnings
• A Legal revolution...
Objectives

• Discuss how the nursing role will change with the PCMH
• Outline the leadership roles nurses can play in driving innovation
• List five new models of care you could consider
• Prepare the outline of a business case for a new model of care
• Identify where you are on the change readiness continuum
• Apply the change cycle to innovation in your practice
• List your self-care strategies.
Patient Centred Care

- Patient Central & Engaged
- Medical Home as Support Partner
- Wellness & Prevention Focus Care
- Coordination In & With the Community
If you only have a hammer, every problem looks like a nail

GPs became the hammer because:
- They were the first clinical professionals
- They were the only group funded under Medicare
- They were trusted
- They were organised
Challenges

48% of avoidable admissions relate to chronic disease

35% or 7 million Australians have a chronic disease

Half of all GP consults occurring with chronic disease patients

Only 93% of patients return to the same GP and only 66% the same doctor when discharged
Sharing the Care
Patient Centred Medical Home
A Medical Home partners with patients, carers and family to ensure cultural preferences and values are respected. Patients receive the education and support they need for shared decision making and to manage their own conditions to the extent they are able. Patients have the opportunity to participate in the care design of the medical home.
PCMH Implications
Ten Building Blocks

Bodenheimer, T., Ghorob, A., Willard-Grace, R., Grumbach, K.
2014 Annals of Family Medicine
Practice Transformation Steps

1. Laying the Foundation
   - Engaged Leadership

2. Building Relationships
   - Continuous and Team-Based Healing Relationships
   - Empanelment

3. Changing Care Delivery
   - Patient-Centered Interactions
   - Organized, Evidence-Based Care

4. Reducing Barriers to Care
   - Enhanced Access
   - Care Coordination

Team work

- Top of scope of practice
- Multi-disciplinary teams
- Shared care
Nursing Roles

Prescribing, Team Allocation, Patient Management, Event & Community Management, Fund Management

Procedures & Interventions, Monitoring, Education, Care Planning

Triage/Data Collection, Assisting with Procedures, Immunisations, Phone Support, Screening, Pathology

Patient Advocate, Patient Monitoring in Acute Situations, Drug Administration
Nursing Levels

NP  
Clinical Nurse  
Advanced Practice Nurse  
Registered Nurse  
Enrolled Nurse  
Medical Practice Assistant/Assistant Nurse  
Community Health Worker, Link Workers, Volunteers

Nurse Leaders & Nurses as Health Administrators

Training & Responsibility
Our Structure

- MPA in training
- 2 x Enrolled Nurses
- 3 x Registered Nurses
- 1 x Mental Health Nurse
- 2 x Diabetes Educators
- Renal upskilled Practice Nurses
- Dedicated reception support

...and we have asked for a Link Worker and more specialised nurses!
Patient centred goals and priorities

Assessing the need for care coordination & support

Clarifying members of the care team and their roles

Care planning and communication

Facilitating care transitions and provider collaboration

Connecting to community resources
Break Time
Who is a leader?

Who has followers?

“Leadership is the capacity to translate vision into reality”

Warren Bennis
Who is a manager?

You rely on hierarchy and protocols to make sure great things happen reliably.
Some Important Relationships

Creativity
- Process that Leads to Change
- New & useful ideas

Leadership
- Catalyst for Change

Innovation
- Successful adoption of change
- Creating a climate for change

Creative Problem Solver

Puccio, 2010
2016/17 financial year Medicare funded 38.5M transactions at average value of $49.46 per service

Australian Government Department of Health, Medicare Australia Statistics Monthly and Quarterly Standard Reports, August 2017
What do we spend on the MBS?

Non-referred Attendances $7.2 Billion
- Level B Consultation $3.37 Billion
- Level C Consultation $1.18 Billion
- Specialist Attendances $2.3 Billion

Professional Attendances $9.8 Billion
- Optometry $0.4 Billion
- Computed Tomography $0.9 Billion
- Diagnostic Radiology $0.55 Billion
- Ultrasound $1.1 Billion
- Nuclear Medicine Imaging $0.26 Billion
- Magnetic Resonance Imaging $0.4 Billion

Diagnostic Imaging $3.2 Billion
- GP Bulk Billing Incentives $0.6 Billion
- Allied Health Services $0.3 Billion
- Psychological Therapy Services $0.26 Billion
- Other Miscellaneous Services $0.06 Billion

Therapeutic Procedures $3.44 Billion
- Surgical Operations $1.77 Billion
- Radiotherapy $0.37 Billion
- Obstetrics $0.2 Billion
- Other Therapeutic Procedures $0.7 Billion

Pathology Services $2.65 Billion
- Value Guide for Anaesthesia $0.4 Billion
- Cardiovascular $0.2 Billion
- Other Diagnostic Procedures $0.5 Billion

Other Services $1.3 Billion
- Other Non-referred Services $2.7 Billion

Total MBS Expenditure in 2015-16 $21.1 Billion

MBS Review Taskforce, Dr Lee Gruner Oct 2016
“It is essential to review chronic disease health care because the use of Chronic Disease Management Medicare items had grown by almost 17 per cent in 2013-14 compared to the previous year, with over $587.6 million worth of benefits paid for over 5.6 million services,” Ms Ley said.

Media Release Minister for Health
4th August 2015
Australia’s rank out of 34 OECD countries for premature mortality (lowest potential years of life lost, PYLL) due to selected causes of death, 2011

Source: OECD 2015
Self-management

• Patients with long-term conditions spend an average of just 5 hours a year interacting with a clinician
• For 8755 hours patients are looking after themselves!
Who cares?
Competition for nurses

• Over 7000 GP practices in Australia and shrinking
• 360,000 primary care nurses in Australia
• Shortage of 27,000 primary care nurses in 10 years...
Shared decision making

Initial Preferences → Informed Preferences

Choice Talk → Option Talk → Decision Talk → Decision

Published online 2012 May 23. doi: 10.1007/s11606-012-2077-5

Shared Decision Making: A Model for Clinical Practice

Glyn Elwyn, PhD, Dominick Frosch, PhD, Richard Thomson, MD, Natalie Joseph-Williams, MSc, Amy Lloyd, PhD, Paul Kinnersley, MD, Emma Cording, MB BCH, Dave Tomson, BM BCh, Carole Dodd, MSc, Stephen Rollnick, PhD, Adrian Edwards, PhD, and Michael Barry, MD.
Practice Nurses have the potential to play an increasingly important role in the preventative health of patients.
Risk Adjustment

- ACEs
- Smoking cessation
- IPC Preventative Health Check
- My Health 4 Life workshops
- Obesity management
- Health literacy workshops

Others we are planning include HEADDSS, First 12 months care
Patient Engagement

• NDIS enrolment support
• Ping Pong Club
• Cultural and creative options
• Chronic disease care models
• Health Justice Partnership
62% of Practice Nurses report working to their full scope of practice!
Care coordination

• Registers for Diabetes, CVD, Respiratory, Skin, Obesity
• PenCat use
• Case conferences
• Disability and Over 75s
• Our top 2000 patients
• Our dashboards
• Partnerships
Care coordination: Patient types

What does the data tell us?

- Patient conditions/types most commonly supported with a coordinated care approach by Practice Nurses include:

  - 80% older persons
  - 78% diabetes
  - 70% cardiovascular
  - 62% respiratory
  - 52% Aboriginal & Torres Strait Islander patients
  - 46% children
  - 44% musculoskeletal
  - 38% mental health
  - 36% disability
  - 30% renal

40% of Practice Nurses have claimed MBS items for the management of patients with chronic medical conditions and complex care needs.
Systems

• Efficiency
• Safety
• Expansion
• Substitution

• Higher quality over time..and quality will be rewarded
Bad boss behavior

How could you make a mistake like this? oh, I forgot to tell you. Bad for you!

I listen to you, well no.

Barbara, Let Robert take care of the printer...

I am not micro managing you, I am controlling your job.

Your paycheck/extra hours from last month? I forgot about it.

Do what I say, not what I do.

This is a boring task. Do it while I have fun.

Do you have a problem? Let's talk about it...later.
How to organise?
Knowledge worker

• Technical
• Process
• People
• Self-management
New Design at Kirkland

No waiting rooms, no treatment rooms, no stock rooms
Business case for change

• Problems require plans
• Plans involve change
• Change needs to demonstrate benefits
Advocacy

The Problem?

Other countries have had NPs for years. Government wants to support improved efficiency and effectiveness in primary care by encouraging more NPs...
The Benefits

Anecdotal quotes provided....
Implementation

• How to configure your practice?
• What to include in your implementation plan?
• What are the financial impacts?
• Recruitment & engagement models?
# Chronic Disease

<table>
<thead>
<tr>
<th>Model</th>
<th>GP Time</th>
<th>Nurse Time</th>
<th>Pts/Hour</th>
<th>MBS Rate</th>
<th>GP $/hr (60%)</th>
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</thead>
<tbody>
<tr>
<td>GP Alone – Level B</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>$43 x 5</td>
<td>$129</td>
</tr>
<tr>
<td>GP Alone – GPMP</td>
<td>0</td>
<td>3</td>
<td></td>
<td>$152 + 43 + 43</td>
<td>$142.80</td>
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<tr>
<td>Team GPMP model</td>
<td>40 mins</td>
<td>4</td>
<td></td>
<td>$152 + 43 x 3</td>
<td>$168.60</td>
</tr>
<tr>
<td>Net $ gain</td>
<td>$26.40</td>
<td></td>
<td></td>
<td></td>
<td>$39.60</td>
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</tbody>
</table>

**NOTES:**
- Assume all Level Bs are bulk billed attracting and incentive payment
- Assume the GPMP attracts an incentive payment for bulk billing
- Assume 20 mins of GP time to review the nurse prepared plan
- Have not included the 10997 of $12 which is a bonus to the practice!
▪ 1 in 3 is at risk of developing CKD
▪ 1 in 9 adults have signs of CKD
▪ 10% of people visiting a GP have CKD, most do not know
▪ Every day, more than 6 Australians commence treatment for end-stage kidney disease (ESKD)
▪ It is the cause of the most hospital separations in Australia
▪ The cost of treating end-stage kidney disease from 2009 to 2020 is estimated to be around $12 billion to the Australian Government
▪ 8 patients on dialysis = $1 million
Primary Care Must Engage

• 111 practices provided CAT4 Data March 2017
• Avg practice = 51 pts with CKD/AKI diagnosis
• Only 57% had a GP Mgt Plan
• Only 41% had a Care Plan Review
• Avg Practice had 35% of patients at risk
• If CKD 38% no Ace/ARB & 45% not on Statins
• BP, Chol, HbA1c, LDL, TChol all poorly recorded
Transferable Model

Cost Effective Care
- PAH New Patient = circa $190  
- IPC = $174
- PAH Review Patient = circa $160  
- IPC = $81

Patient Acceptance
- PAH DNA = 4/clinic  
- IPC = 0.33/clinic

Access Expanding
- Ipswich, North Brisbane, Armidale, Cairns?

Subsidy Required
- Nursing time to coordinate and educate
- GPs need a subsidy for letter writing time and coordination of clinic
- Extra administration involved in managing the collaboration and reporting on outcomes
- Marketing budget/PHN involvement
- Upfront training & system costs
Off the Charts Activity
Top 300

- EN/MPA assigned responsibility for supporting care for top patients
- They see all of these patients before the doctor
- By shaving time off consultations the doctors see more patients
- Patient care is better coordinated
- Stress levels reduce
- Waiting times and access improve
- More cycles of care are completed and billed
Your Evaluation

What data would we need to prove the
• Financial benefits?
• Clinical benefits?
• Team benefits?
• Patient benefits?
Accountability

• Leaders are accountable
• Accountability is an all-time thing
• Accountability cannot be delegated
• Accountability fosters care and taking care
• You have to hold people to account
Evidence based management
Joyfully and confidently, I step into the new day.
Your role

1. Set the expectation that change is inevitable
2. Speak to “How it will affect me”
3. Be honest about the implications
4. Embrace the change journey
5. Manage undermining
Your Team and Change

Product Adoption Curve

- Innovators
- Early Adopters
- Early Majority
- Late Majority
- Laggards
- Tech Enthusiasts
- Visionaries
- Pragmatists
- Conservatives
- Skeptics
Change

Stage 6: Integration
- Feelings of: SATISFACTION
- Thoughts are: FOCUSED
- Behavior is: GENEROUS

Stage 1: Loss
- Feelings of: FEAR
- Thoughts are: CAUTIOUS
- Behavior is: PARALYZED

Stage 2: Doubt
- Feelings of: RESENTMENT
- Thoughts are: SKEPTICAL
- Behavior is: RESISTANT

Stage 3: Discomfort
- Feelings of: ANXIETY
- Thoughts are: CONFUSED
- Behavior is: UNPRODUCTIVE

Stage 4: Discovery
- Feelings of: ANTICIPATION
- Thoughts are: RESOURCEFUL
- Behavior is: ENERGIZED

Stage 5: Understanding
- Feelings of: CONFIDENCE
- Thoughts are: PRAGMATIC
- Behavior is: PRODUCTIVE
Self management

• Do things for yourself and by yourself...like reading 😊
• Leverage your support network
• Eat right, exercise and sleep well
• Know your strengths and play to them
• Identify your action triggers and have a resolution plan
**Proactive Focus**
Positive energy enlarges Circle of Influence

**Reactive Focus**
Negative energy reduces Circle of Influence
THE FUTURE
NEXT EXIT
We live in interesting times!


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