



SUMMARY OF KEY POINTS

- APNA strongly endorses the concept of the Health Care Homes model and its key characteristics.
- The Health Care Homes funding model provides an opportunity for more efficient use of existing resources and to better address the needs of people with chronic illnesses, by taking action across the social determinants of health.
- APNA supports the principles of team-based care within a Health Care Home, and the role of patients and carers as active members of the Health Care Home care team.
- The nursing workforce will play an essential role in the Health Care Homes model.
- APNA opposes any drift in language towards the nomenclature of medical homes, which denies the core multidisciplinary nature of the original patient-centred concept.
- The funding model will need to be closely monitored and reviewed to ensure that it:
 - Is effective in enhancing the quality of patient care
 - Is sufficiently funded to ensure its long term viability
 - Ensures uptake by primary health care services, and
 - Has a long term implementation and funding commitment.

INTRODUCTION

*'Good primary care is vital for good health. But Australian primary care is failing in one crucial area: the prevention and management of chronic disease.'*¹

APNA strongly supports the implementation of the Health Care Homes model in Australia, as it is a timely opportunity to reorganise the way care is provided for people living with chronic and complex conditions. Nurses have enormous potential under the Health Care Homes model for assisting the rapidly growing population with complex and chronic conditions as well as others who are 'underserved or experiencing disconnected patterns of care.'²

Australia's health system was historically designed for acute and episodic illness, but now it primarily treats chronic and long term disease. Demands on the health system are growing at a level which is economically unsustainable. As many as one in five Australians live with two or more chronic health conditions, and half of all potentially avoidable hospital admissions in 2013–14 were attributed to chronic conditions.³

APNA's members see the enormity of this challenge daily. Primary health care nurses are acutely aware of how Australia's chronic disease epidemic reduces quality of life for patients, with flow-on effects for their families, carers and household income. They know how it strains our health system.

In 2016 the Australia Federal Government launched its Healthier Medicare package, targeted at Australians with chronic disease and complex conditions, with a view to keeping people with these conditions out of hospital while improving their health. Stage one in Australia begins with the establishment of approximately 200 Health Care Homes in 10 regions across the nation, commencing 1 July 2017.

The introduction of the Health Care Homes model aims to improve the quality of care for patients with chronic and complex conditions, and addresses their social determinants of health. Eligible patients will voluntarily enrol with a Health Care Home (a healthcare service participating in the scheme). This practice will provide the patient with ongoing coordination, management and support of their conditions. The scheme will use a bundled payment model, paid monthly, the amount depending of the level of complexity of the client.

APNA is supportive of the Health Care Homes model because it will be a setting where patients can receive 'enhanced access to holistic coordinated care, and wraparound support for multiple health needs.'⁴

APNA SUPPORTS THE KEY CHARACTERISTICS AND PRINCIPLES OF HEALTH CARE HOMES

APNA endorses the concept of the Health Care Home and its characteristics of:

- Patients, families and carers as partners in care provision
- Voluntary patient enrolment
- Enhanced access and flexibility
- Patients nominate a preferred clinician
- A commitment to care which is of high quality and is safe
- Team-based care
- Data collection and sharing.

APNA has historically supported the characteristics of Health Care Homes. APNA's 2015 submission to the Primary Health Care Advisory Group's consultation on the reform of primary health care endorsed the principles of this transformative change, which are in line with the Health Care Homes model.⁵



APNA believes the Health Care Homes model provides opportunities for greater efficiencies including:

- Maximising the existing primary health care workforce
- Encouraging general practices to provide preventive services⁶
- Services are targeted at local and hard-to-reach population groups
- Health system cost savings by preventing hospital and emergency department attendances.

To ensure value for money, getting the foundations of the Health Care Homes model right is crucial. The five key elements outlined in the 2016 Grattan Institute *Chronic failure in primary care* report to address chronic illness and failure, as well as Bodenheimer's *10 Building Blocks of High Performing Primary Care* should be incorporated into the Health Care Homes rollout.⁷ This may require support from the Government and a paradigm shift in general practice to:

- Empower Primary Health Networks in the Health Care Homes model to strengthen primary care services and make improvements to prevention and management of chronic disease.
- Improve implementation of evidence-based care
- Strengthen the blended payment model
- Strengthen innovation and development¹
- Have engaged leadership
- Create a practice-wide vision with concrete goals and objectives
- Implement data driven improvement using computer-based technology
- Implement empanelment
- Provide team-based care
- Ensure the patient-team partnership
- Deliver population management
- Provide continuity of care
- Provide prompt access to care
- Ensure comprehensiveness and care coordination
- Document a template of the future
- Ensure skills development in health practitioners
- Use health practitioners' full skill set within their scope of practice
- Ensure a population health approach
- Ensure capacity and accountability.

These elements are explored further in this position statement.

It is necessary to have long term implementation goals and commitment to Health Care Homes, over piloting or small scale initiatives, to give the initiative a good opportunity to address the needs of people with chronic illnesses.

NURSE ROLE IN HEALTH CARE HOMES

The nursing workforce will play an essential role in the Health Care Homes model. Nurses can make a significant contribution to health reform by working towards patient-centred care 'wherein patients receive timely, seamless, culturally appropriate guidance and support for developing health literacy.'² Nurses are the largest health professional workforce in Australia and play a pivotal role in health service delivery at every stage of a patient's journey.⁸

Primary health care nurses working in a general practice setting often perform the roles of patient carer, organiser, quality controller and improvement agent, problem solver, educator, and agent of connectivity.⁹

'Navigating the health system can be challenging but nurses are skilled at guiding patients, supporting better patient outcomes and preventing unnecessary hospital admissions.' APNA member



Nurse-led services commonly provided in primary health care are: health assessments to monitor a patient's health condition and symptoms, health education to facilitate compliance and a healthy lifestyle, and coordination of care.¹⁰ Nurses are ideally placed to play an integral role in the Health Care Homes model.

APNA sees opportunities in the Health Care Homes model to maximise the existing nursing workforce, particularly in the role of care coordination and nurse-led services. Studies overwhelmingly show that nurse-led clinics and services result in improved health outcomes, shortened waiting times for patients and decreased rates of hospital admission. For areas of health workforce shortages and rural and remote areas with limited access to healthcare services, nurse-led clinics can offer patients vital access to health advice and treatment.¹¹ Other benefits of nurse-led services include:

- Increased patient satisfaction
- Improved quality of life
- Improved health literacy and increased patients understanding of chronic disease
- Improved access to health professionals such as allied health referrals.¹²

Not only are nurses suited to the care coordination role, research has shown that expanding the role of the nurse to lead services can prevent costly hospitalisation while providing safe, efficient and high quality care.¹¹

The Health Care Homes model could use existing models of chronic disease nursing care such as the Guided Care model.¹³ Guided Care is driven by a highly skilled registered nurse in a primary care setting. The Guided Care nurse assists three to four general practitioners in providing high-quality chronic care to high-risk patients with several chronic conditions and complex healthcare needs. For each patient the Guided Care nurse provides the following services:

1. Assessing
2. Planning care
3. Monitoring
4. Coaching
5. Chronic disease self-management
6. Educating and supporting caregivers
7. Coordinating transitions between providers and sites of care
8. Access to community services.

To ensure effective and highly skilled nursing care in Health Care Homes the nursing workforce will need to be supported through workforce development, such as education and a career structure. Sufficient remuneration is required to attract highly skilled nurses. Inadequate training for nursing roles will lead to disillusioned employers, funders and workforce.

DATA COLLECTION AND SHARING

APNA understands Health Care Homes will collect data to benchmark performance and improve quality of care. Currently primary care nurses are key drivers of improvement and change in general practice settings. Primary health care nurses routinely use data to drive responses to the practice population health needs to improve health. This includes data cleaning and extraction.

'One of the key differences between acute care nurses and primary care nurses is the use of data to drive responses to the practice population and improve health.' APNA member

The *National Practice Standards for Nurses in General Practice* directs nurses to demonstrate proficiency in a range of data gathering techniques and nursing assessment skills within the registered nurse scope of practice.¹⁴ These skills are required in any system change, such as Health Care Homes, where organisations are constantly appraising their data to meet quality benchmarks. Nurses should be empowered within the Health Care Homes model to consolidate their existing role of quality controller and improvement agent.



Health Care Homes will also use My Health Record. Our members tell us that nurses in general practice and other community primary health care settings often take the lead role in ensuring My Health Records are up to date, accurate, and include the most relevant patient information. The Health Care Homes model should consider how to incorporate nurses' current data management role in the roll out of My Health Record across Health Care Homes.

TEAM-BASED CARE

APNA strongly supports the team-based care element of the Health Care Homes model. It is essential a prepared team coordinates patient care. Team-based nursing aligns with APNA's calls for increased utilisation of nurses in primary health care, whereby nurses are working to their full scope of practice.

*'Nurses are highly trained, cost-effective and trusted professionals, able to make a significant contribution within Health Care Homes by pursuing truly team-based, interdisciplinary care which puts patients at its heart.'*¹⁸

APNA, Health Care Homes Information Booklet

There is potential in Health Care Homes to encourage increased autonomous nursing practice and cost effectiveness, while nurses remain within their scope of practice.

*The 'removal of a number of Medicare item restrictions will reduce pressure on practices by allowing for delegation to nurses and other team members who can then function at the top of their scope of practice'.*¹⁵

Australian Government, Health Care Homes Information Booklet

APNA is strongly in favour of the bundled payment model enabling and empowering practices to expand the work of their multidisciplinary team members, which includes nurses, to work to their fullest capacity.

The existing barriers to general practices working as multidisciplinary teams with nurses and other team members are well known to APNA. APNA is currently running the Enhanced Nurse Clinics project, piloting 11 nurse-led clinics across general practice settings. This project is funded by the Australian Government under the Nursing in Primary Health Care Program. In our first year of this three year program it is becoming clear that without funding models which allow for more independent nursing practice, it is unlikely a massive scale-up of multidisciplinary and nurse-led care will occur.

PATIENTS, FAMILIES AND CARERS AS PARTNERS IN CARE

*'People living with chronic and complex conditions, supported by their carers and families where appropriate, will be actively involved in planning and implementing their care. They will be engaged in shared decision-making and supported to stay healthy and to better self-manage their conditions.'*¹⁸

APNA endorses the role of patients and carers as active members of the healthcare team.

The Health Care Homes model will need to ensure that:

- Patients are treated with dignity and respect
 - Information is shared with patients
 - Participation and collaboration in healthcare processes are encouraged and supported, as much as the patient wishes.¹⁶
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FUNDING

It is suggested that financial incentives influence and change health professional practices. While the use of financial incentives to reward general practices for improving services is growing, there is insufficient evidence to support, or not support, the use of particular financial incentives such as capitation to improve the quality of primary health care.¹⁷ We do know however, that current Medicare payment rules inhibit managing chronic illness including 'making greater use of nursing and allied health staff to assess, plan, coordinate and review chronic disease prevention, in conjunction with GPs and specialists.'¹ The Health Care Homes funding model is an opportunity to use existing resources more efficiently.

APNA understands significant work has been undertaken by the Commonwealth to model the \$21.3 million allocated to develop the infrastructure needed to implement and evaluate the Health Care Homes initiative and the \$93 million in MBS funding being redirected for clinical service delivery.¹⁸

APNA supports the use of a bundled payment for the Health Care Homes roll-out, however this will need to be closely monitored and reviewed to ensure that it:

- Is effective in enhancing the quality of patient care
- Is sufficiently funded to ensure its long term viability, and
- Ensures uptake by primary health care services.

Not only is close monitoring required to ensure sufficient funding is allocated to the scheme, but also to monitor the known challenges of bundled payments. These include:

- Under-servicing
- Patient selectivity by GPs
- Lack of incentive to improve performance
- Efficiency or more appropriate use of services
- Patients viewed as source of costs rather than revenue.¹⁷

A long term funding commitment must be made if the initial roll-out shows positive results, to provide continuity of care for patients.

NOMENCLATURE

APNA opposes any drift in language towards the nomenclature of 'medical homes', which denies the core multidisciplinary nature of the patient-centred concept. We commend the Government for the use of the term Health Care Homes. APNA urges adherence to this term, or similar terminology, which encompasses the concepts of wraparound services and social determinants of health. We discourage terms such as medical-led or GP-led care, which presuppose a structure without exploring options.

The term Health Care Home extends beyond doctor-led implementation to implementation by a broader range of primary care providers, including nurses.

FUNDS MANAGEMENT

APNA calls for stringent measures to prevent any unethical abuse of the responsibility of funds management, and assert the importance of distance between management of funds and care coordination for an individual patient. There must be no opportunity for financial benefit to flow from decisions to undertreat a patient, or to steer a patient towards a certain course of treatment. Safeguards must be built in to any Health Care Home model to ensure that best practice and evidence-based choices maximise patient health and system integrity.



EVALUATION

Nurses need to be involved in the evaluation of care being delivered in Health Care Homes. It is important to map all staff activities in an evaluation, not just GP activities, so nursing services can be attributed to patient outcomes and cost efficiencies. APNA understands there is currently no nurse on the evaluation committee for the Health Care Homes initiative.

APNA is expert in evaluating nurse activities. APNA's Enhanced Nurse Clinics are currently being evaluated for feasibility, acceptability, effectiveness and sustainability, in order to determine the merit and replicability of candidate models of care. APNA's expertise can be utilised as part of the Health Care Homes evaluation.

CONCLUSION

APNA is optimistic about the introduction of Health Care Homes in Australia as a way of providing more effective, cohesive and integrated care to patients. We see it as more compassionate, more effective and more practical, all while making better use of existing resources. We see our nurse members – highly trained, cost effective and trusted – as stepping up to make a significant contribution within Health Care Homes. APNA calls for policy makers to ensure the Health Care Homes system differentiates itself from the limitations of the fee-for-service system, by pursuing truly team-based, truly multidisciplinary care which puts patients at its heart.

AUSTRALIAN PRIMARY HEALTH CARE NURSES ASSOCIATION (APNA)

Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care. APNA champions the role of primary health care nurses; to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care.

APNA is bold, vibrant and future-focused. We reflect the views of our membership and the broader profession by bringing together nurses from across Australia to represent, advocate, promote and celebrate the achievements of nurses in primary health care.

www.apna.asn.au

REFERENCES

1. Swerissen H, Duckett S. Chronic failure in primary care. Grattan Institute. 2016. Chronic failure in primary care.
2. McMurray A, Cooper H. The nurse navigator: An evolving model of care. *Collegian*. 2016.
3. Commonwealth Government. Media Release. A Healthier Medicare for chronically-ill patients. 2016.
4. Primary Health Care Advisory Group. Better outcomes for people with chronic and complex health conditions. Commonwealth of Australia as represented by the Department of Health; December 2015
5. Australian Primary Health Care Nurses Association (APNA). Better outcomes for people with chronic and complex health conditions through primary health care. Melbourne VIC: APNA; 2015.
6. Saltman R, Rico A, Boerma W. Primary Care in the Driver's Seat: Organizational Reform in European Primary Care. Berkshire: Open University Press; 2006.
7. Bodenheimer T, Ghorob A, Willard-Grace R, Grumbach K. The 10 building Blocks of High Performing Primary Care. *Annals of Family Medicine*. 2014; 12(2): 166-171.
8. Health Workforce Australia. Australia's Future Health Workforce – Nurses Detailed. 2014.
9. Phillips CB, Pearce C, Hall S, Kljakovic M, Sibbald B, Dwan K, Porritt J, Yates R. Enhancing care, improving quality: the six roles of the general practice nurse. *Med J Aust*. 2009; 191 (2): 92-97.
10. Loftus L, Weston V. The development of nurse-led clinics in cancer care. *Journal of Clinical Nursing*. 2001 Mar; 10(2)
11. APNA. Nursing in Primary Health Care (NiPHC) Program – Enhanced Nurse Clinics: A review of Australian and international models of nurse clinics in primary health care settings. A review prepared for the Australian Primary Health Care Nurses Association (APNA). 2016.
12. Chiarella M. New and emerging nurse-led models of primary health care. Canberra: National Health and Hospitals Reform Commission. 2008.
13. Boulton C, Karm L, Groves C. Improving Chronic Care: The Guided Care Model. *Perm J*. 2008 Winter; 12(1): 50–54.
14. National Practice Standards for nurses in general practice. Australian Nursing and Midwifery Federation. 2014.
15. Department of Health. Health Care Homes Information Booklet. Canberra ACT: Commonwealth Government. 2016.
16. Australian Commission on Safety and Quality in Health Care. Patient and consumer centred care. 2016
17. Oliver-Baxter J, Brown L. 2013. Research ROUNDup. Primary health care funding models. PHICRIS. 2013 Sept.
18. Department of Health. Health Care Homes: Reform of the Primary Health Care System [Internet]. 2016. Available from: <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes>