



Nursing New Futures

Tracey Johnson, CEO, Inala Primary Care

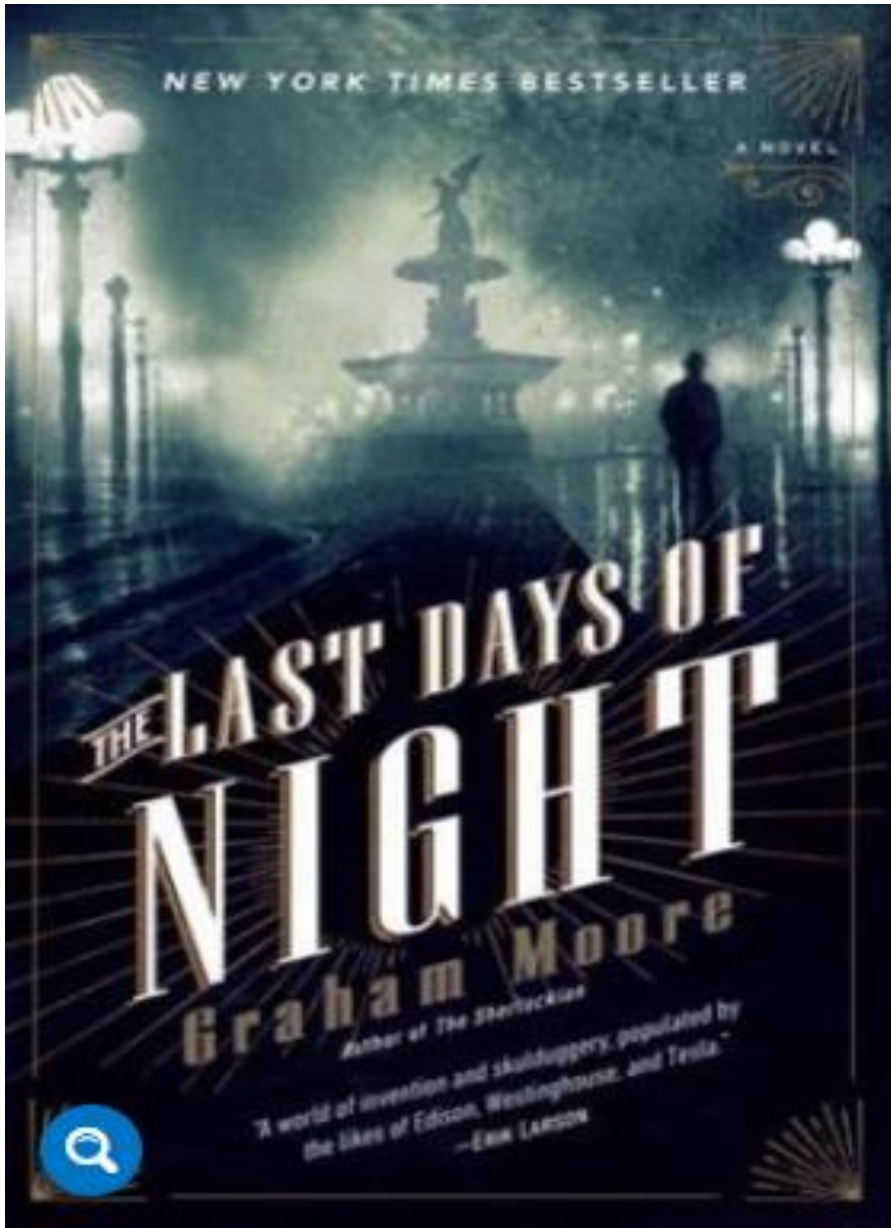
THE FUTURE IS
ALREADY HERE
— IT'S JUST NOT
VERY EVENLY
DISTRIBUTED.

-WILLIAM GIBSON



What do they share?





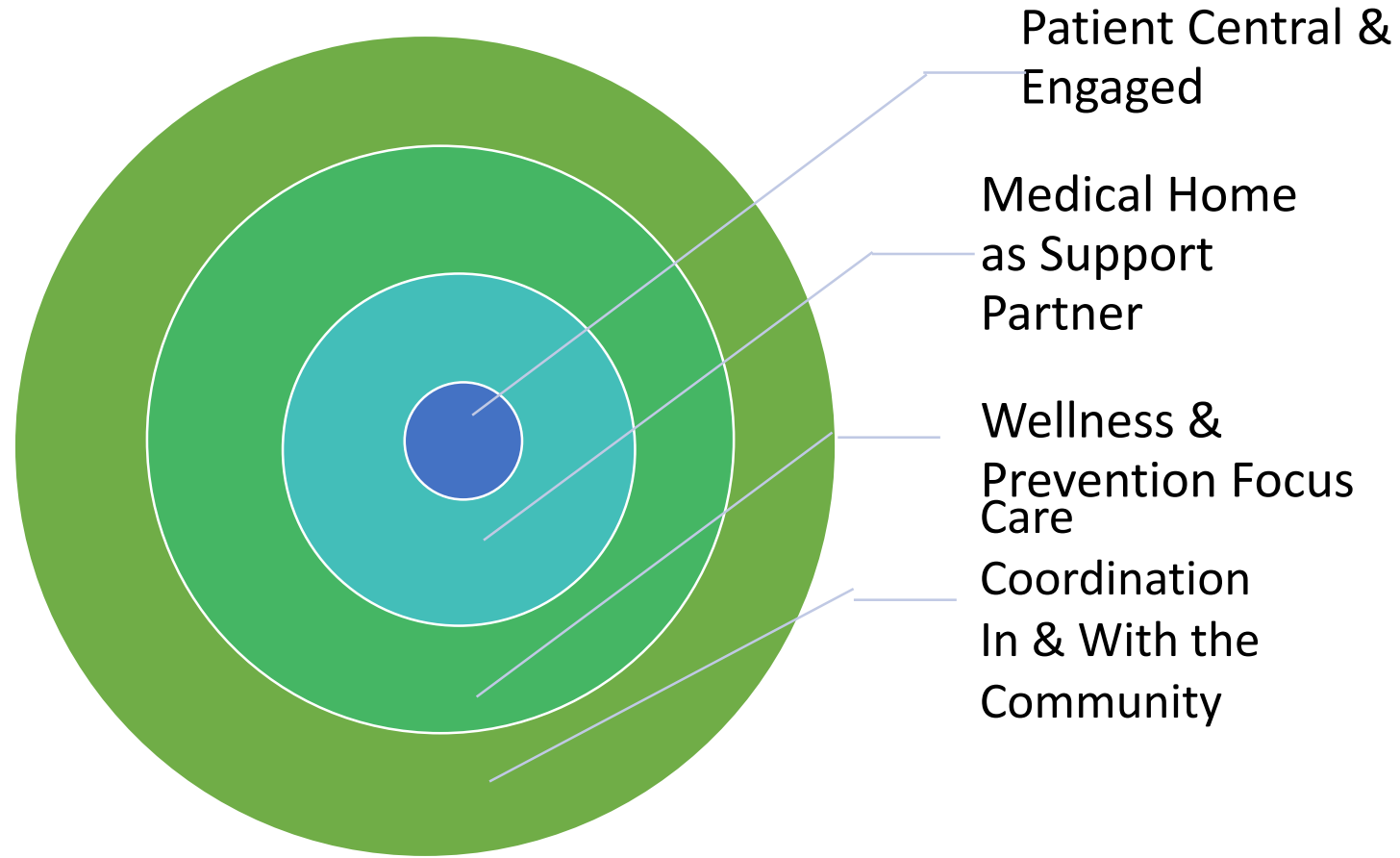
It has it all:

- 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



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

Chronic pressure

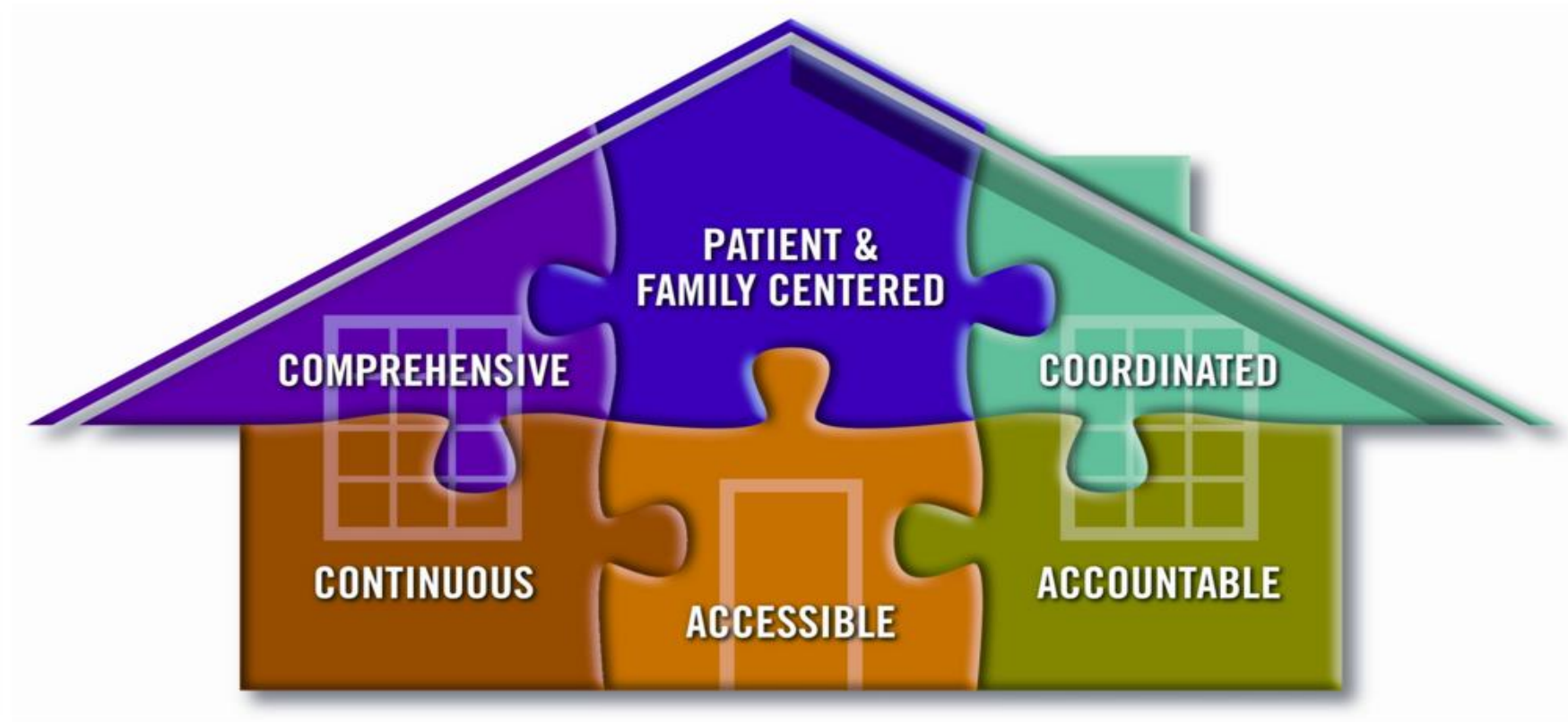
Half of all GP consults occurring
with chronic disease patients

Only 93% of patients return to
the same GP and only 66% the
same doctor when discharged

Sharing the Care

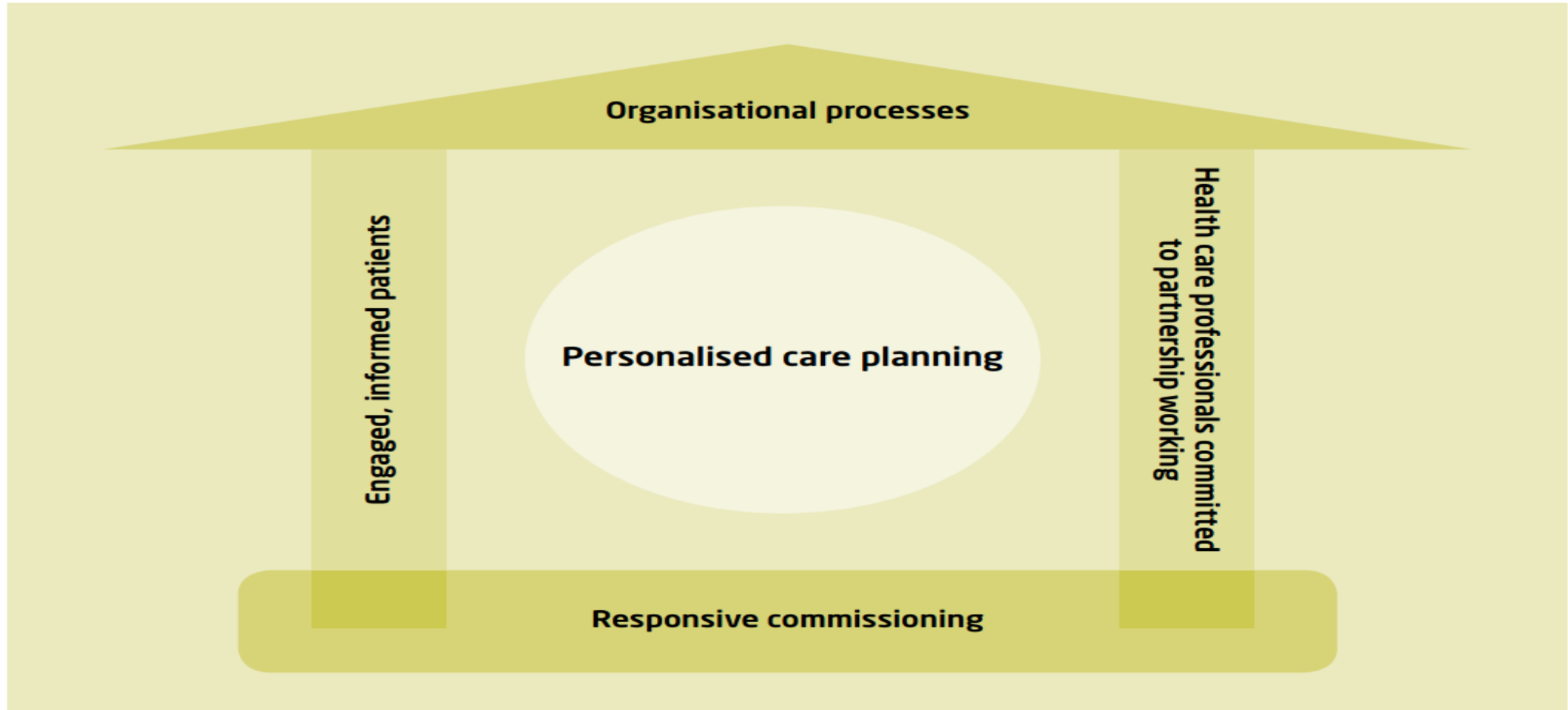


Patient Centred Medical Home

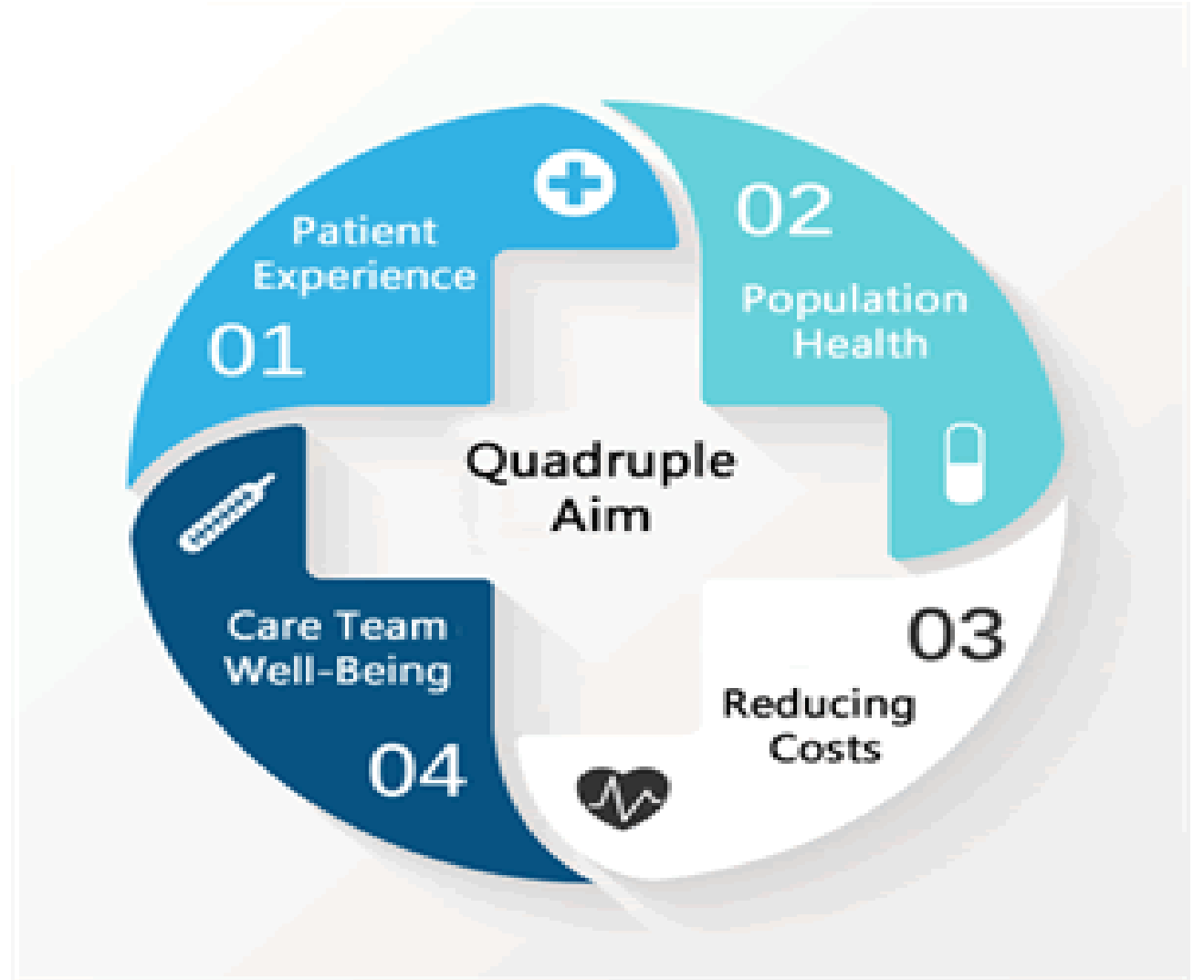


A Medical Home partners with patients, carers and family to ensure cultural preferences and values are respected. Patients receive the education and support they need for shared decision making and to manage their own conditions to the extent they are able. Patients have the opportunity to participate in the care design of the medical home.

PCMH Implications

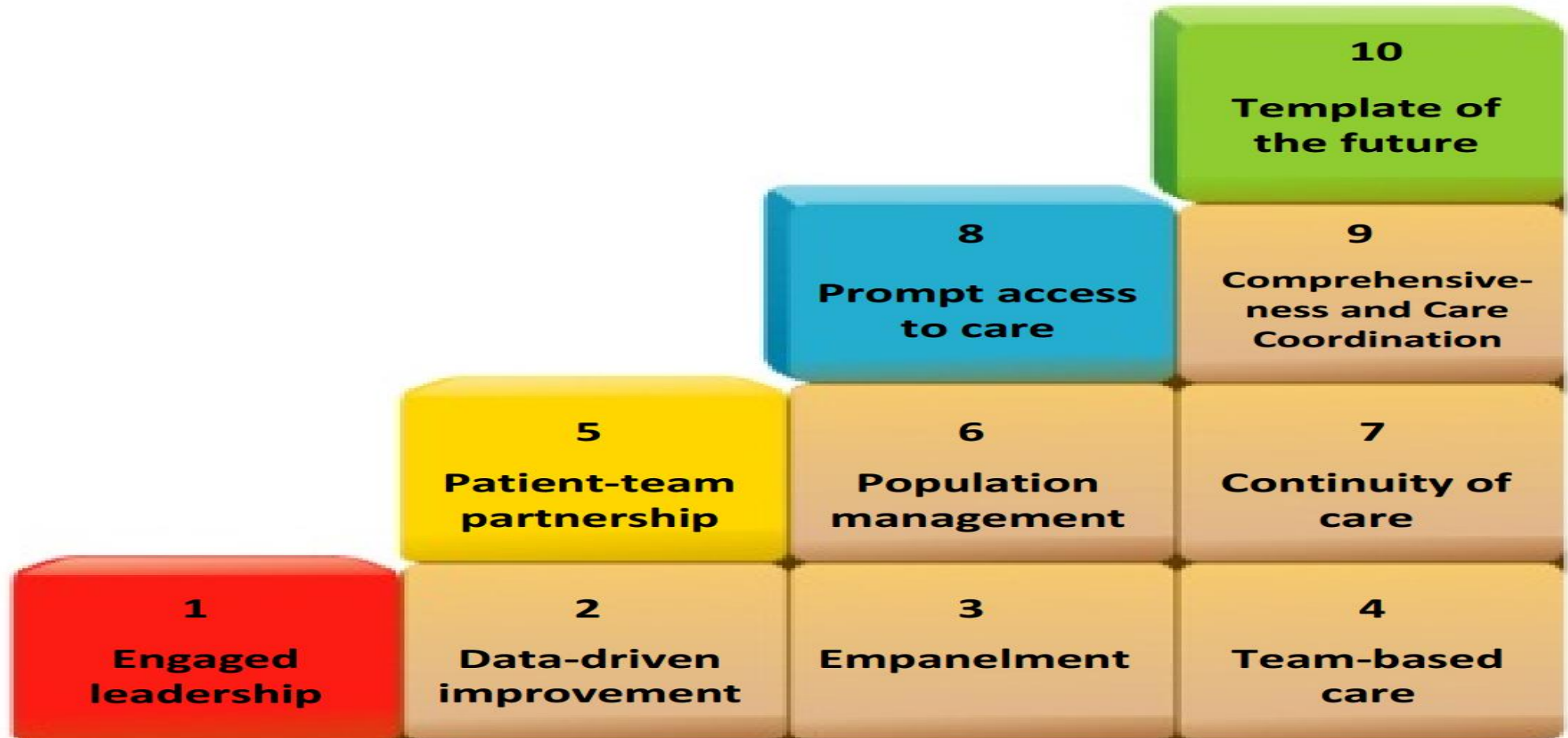


Quadruple Aim



Ten Building Blocks

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



Practice Transformation Steps

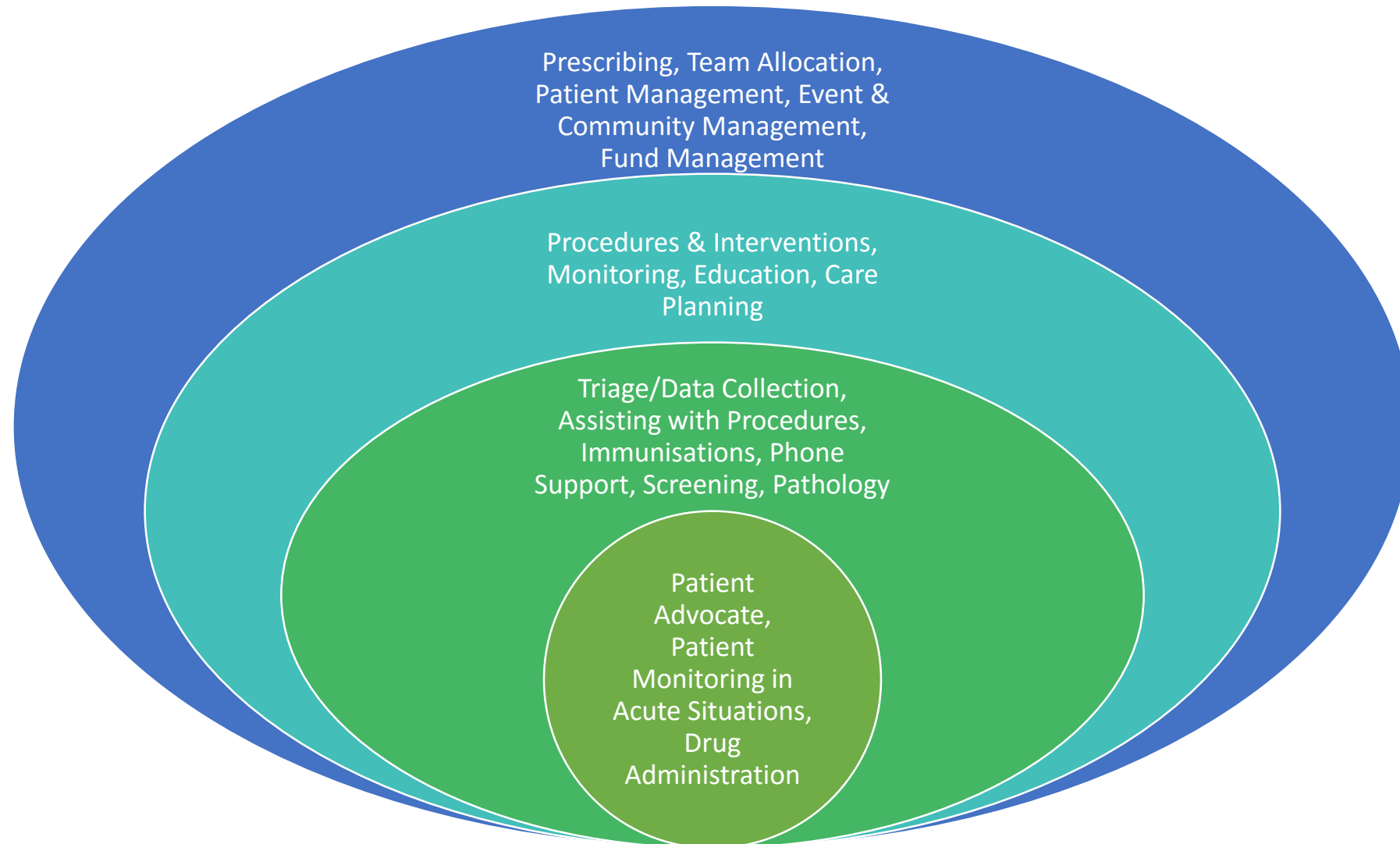


Team work

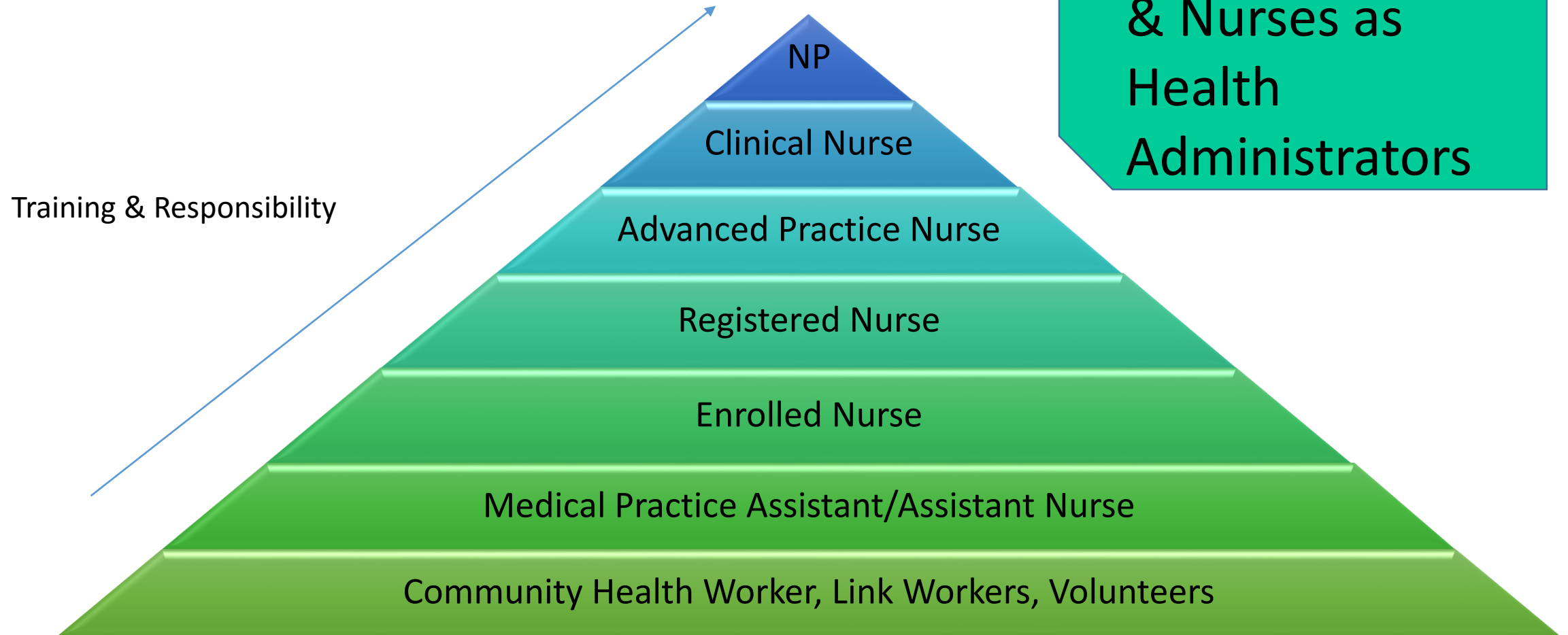
- Top of scope of practice
- Multi-disciplinary teams
- Shared care



Nursing Roles



Nursing Levels



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!



Real Care coordination

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?

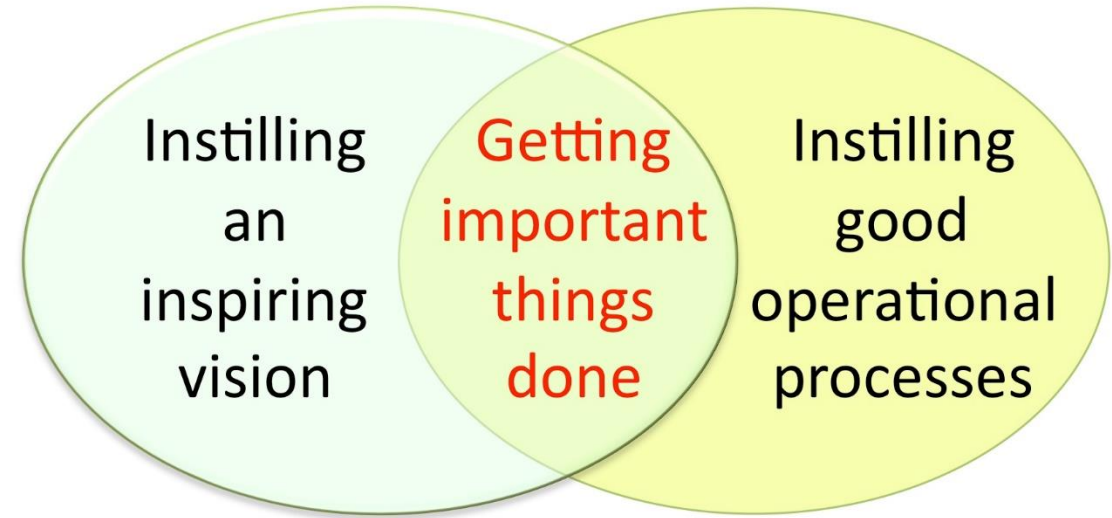
Who has followers?

“Leadership is the capacity to
translate vision into reality”



Warren Bennis

Leadership & Management



Who is a manager?

You rely on hierarchy and protocols to make sure great things happen reliably

Some Important Relationships

Creative
Problem
Solver



New &
useful
ideas

Creating a
climate for
change



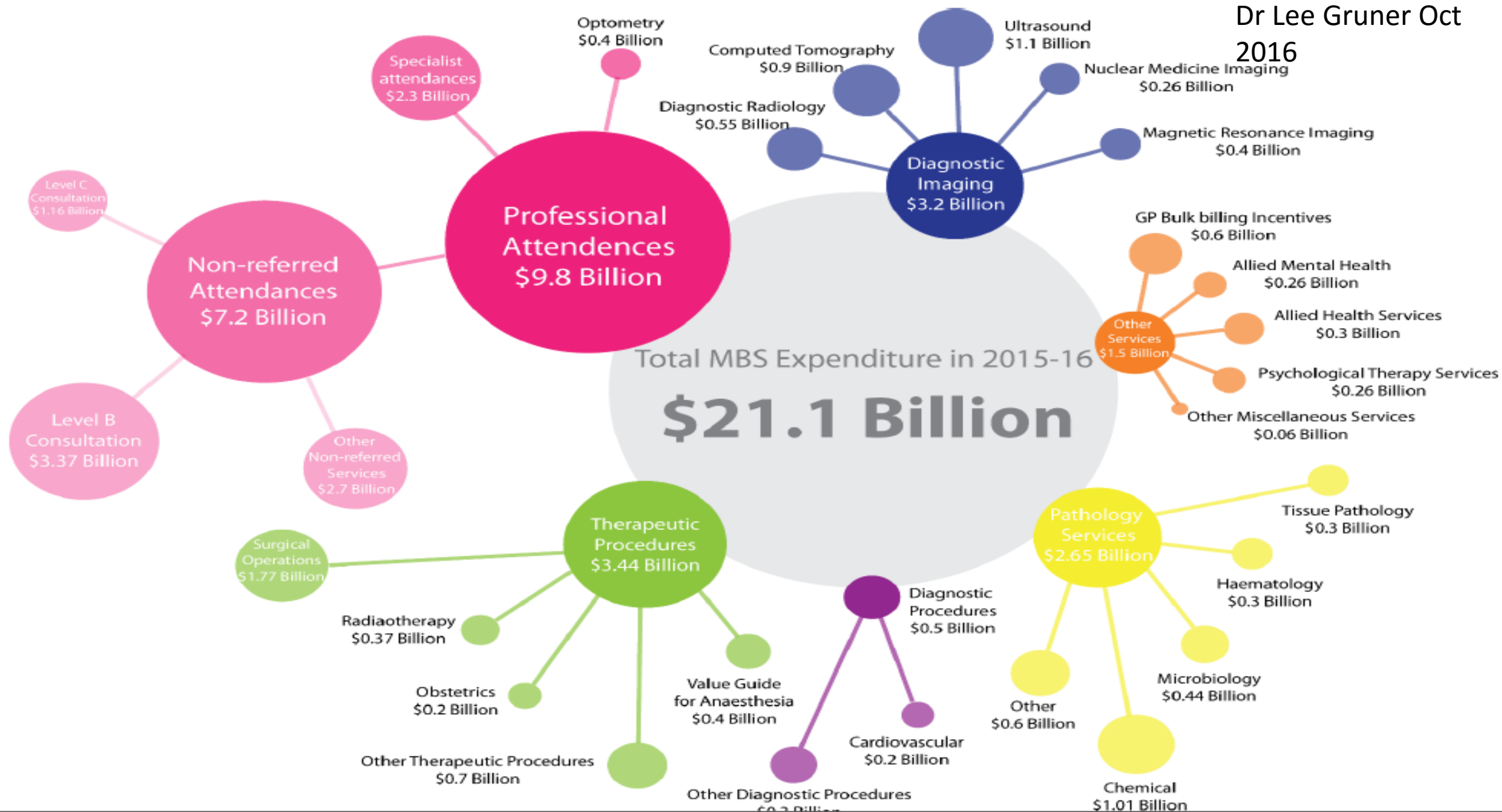


**2016/17 financial
year Medicare
funded 38.5M
transactions at
average value of
\$49.46 per service**

Australian Government Department of Health, *Medicare Australia Statistics
Monthly and Quarterly Standard Reports*, August 2017
http://medicarestatistics.humanservices.gov.au/statistics/mth_qtr_std_report.jsp

What do we spend on the MBS?

MBS Review Taskforce,
Dr Lee Gruner Oct
2016





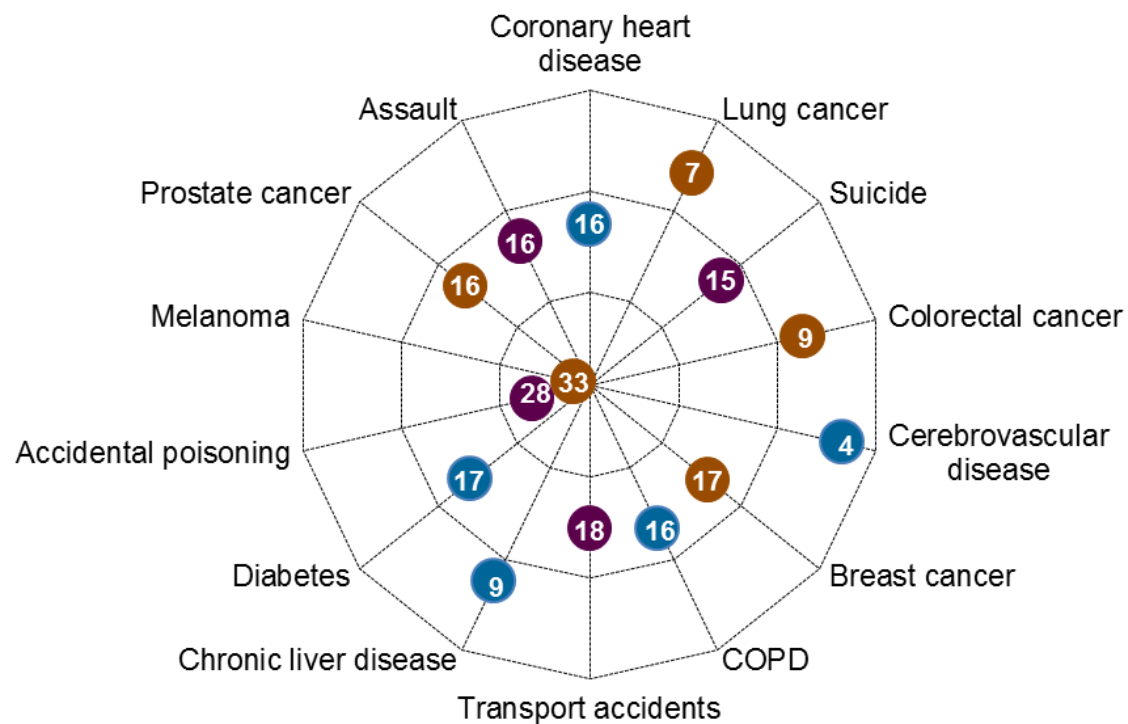
“It is essential to review chronic disease health care because the use of Chronic Disease Management Medicare items had grown by almost 17 per cent in 2013-14 compared to the previous year, with over \$587.6 million worth of benefits paid for over 5.6 million services,” Ms Ley said.

Media Release Minister for Health

4th August 2015



International comparisons of premature mortality



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?

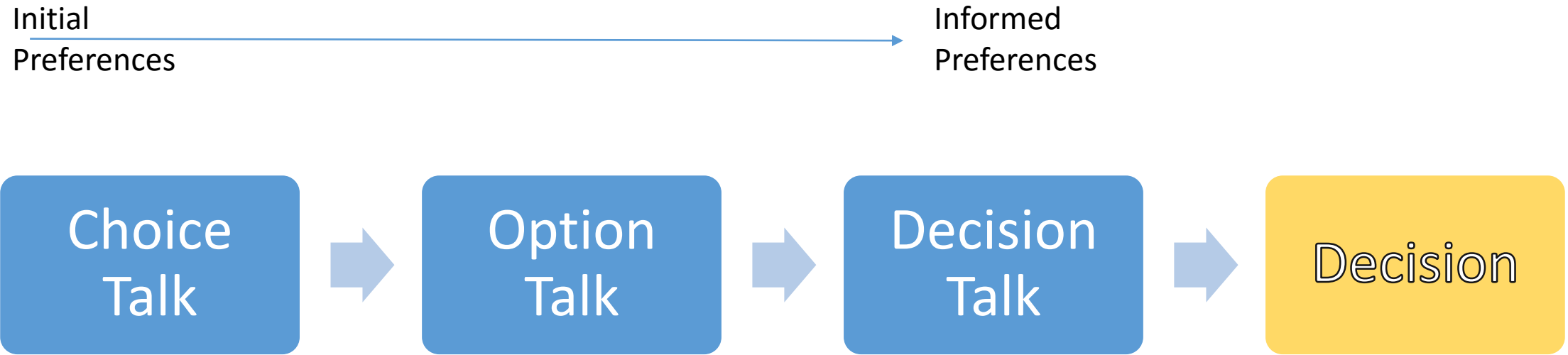


Competition for nurses

- 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



[J Gen Intern Med.](#) 2012 Oct; 27(10): 1361–1367.

PMCID: PMC3445676

Published online 2012 May 23. doi: [10.1007/s11606-012-2077-6](https://doi.org/10.1007/s11606-012-2077-6)

Shared Decision Making: A Model for Clinical Practice

[Glyn Elwyn](#), PhD,^{1,2} [Dominick Frosch](#), PhD,^{3,4} [Richard Thomson](#), MD,⁵ [Natalie Joseph-Williams](#), MSc,¹ [Amy Lloyd](#), PhD,¹ [Paul Kinnersley](#), MD,¹ [Emma Cording](#), MB BCh,¹ [Dave Tomson](#), BM BCh,⁶ [Carole Dodd](#), MSc,⁷ [Stephen Rollnick](#), PhD,¹ [Adrian Edwards](#), PhD,¹ and [Michael Barry](#), MD^{8,9}

Prevention

What does the data tell us?

- Areas most commonly targeted by Practice Nurses with a preventative approach include:



74%

diet/nutrition



68%

smoking



68%

physical
inactivity



67%

immunisation



61%

overweight/
obesity



57%

alcohol/drugs



56%

mental health



50%

falls



25%

maternal health

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



Think different
Create different
Be different

practice nurses

Care coordination

What does the data tell us?

- 68% of Practice Nurses participate in coordinated care arrangements for patients with complex needs.
- Aspects of care planning most commonly undertaken by PNs:

patient assessment



90%

client education



88%

multidisciplinary teams



88%

writing care plans



66%

electronic record
management



56%

periodic reviews



56%

case management



34%

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

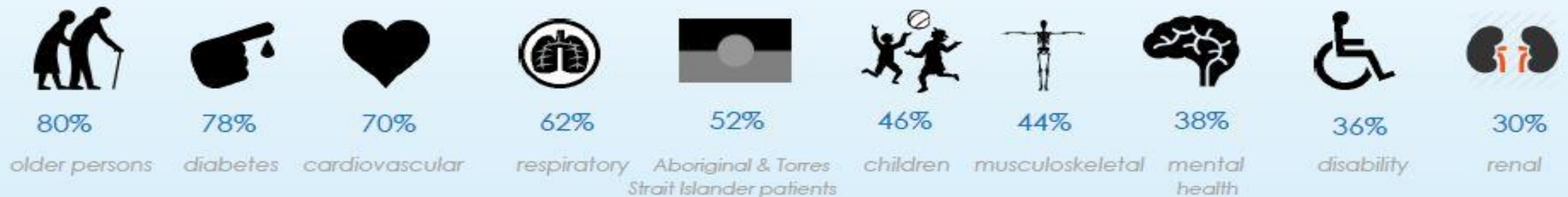


practice nurses

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:



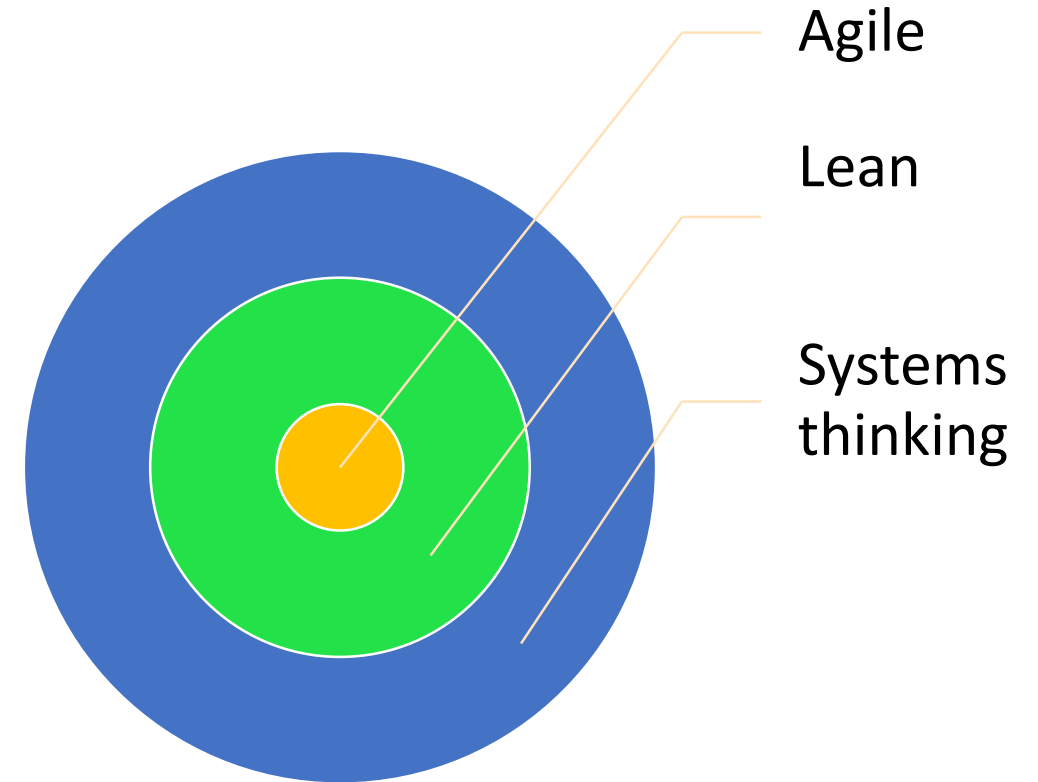
40% of Practice Nurses have claimed MBS items for the management of patients with chronic medical conditions and complex care needs.

Alignment



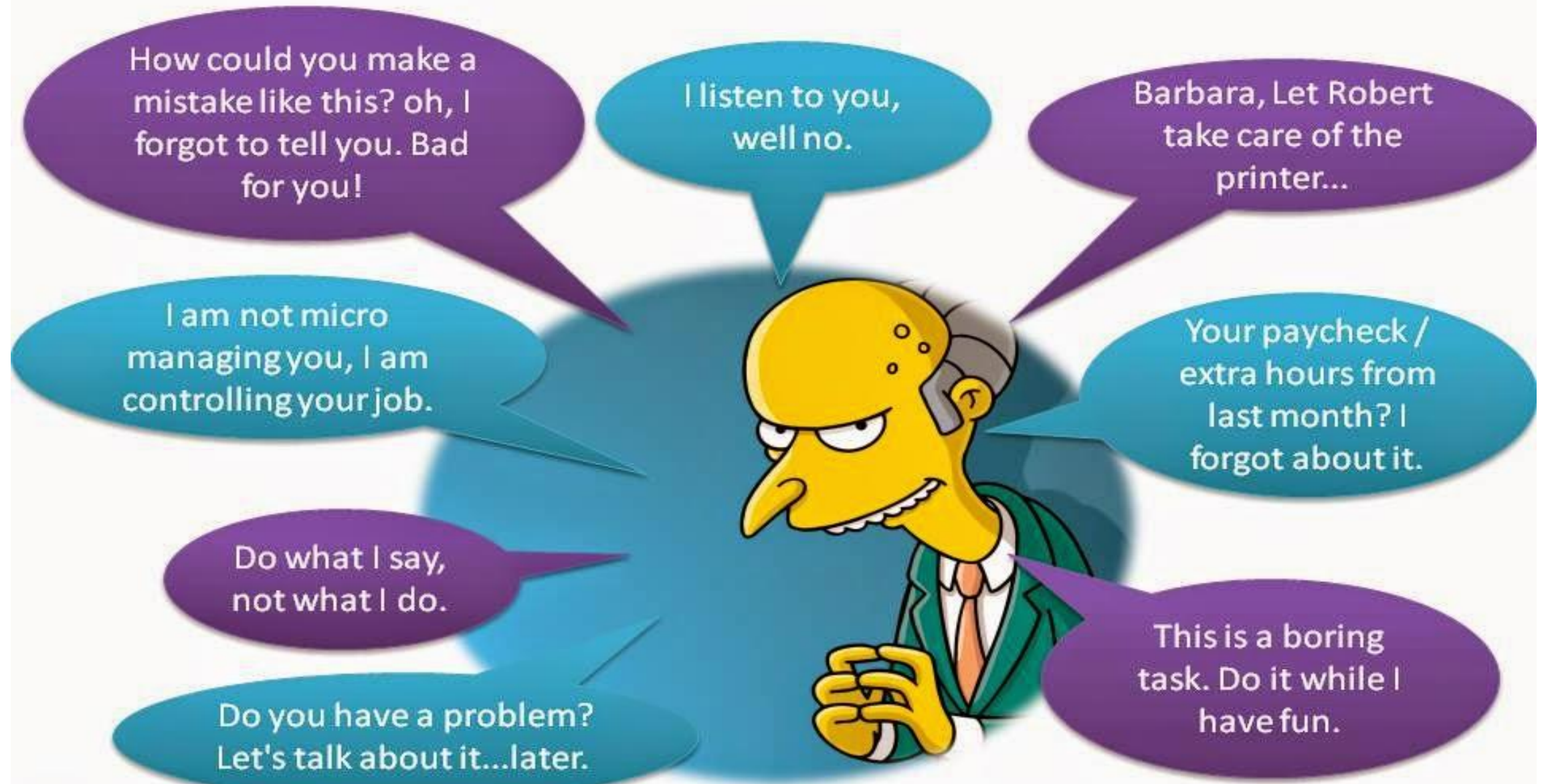
Systems

- Efficiency
- Safety
- Expansion
- Substitution



- Higher quality over time..and quality will be rewarded

Bad boss behavior



How to organise?



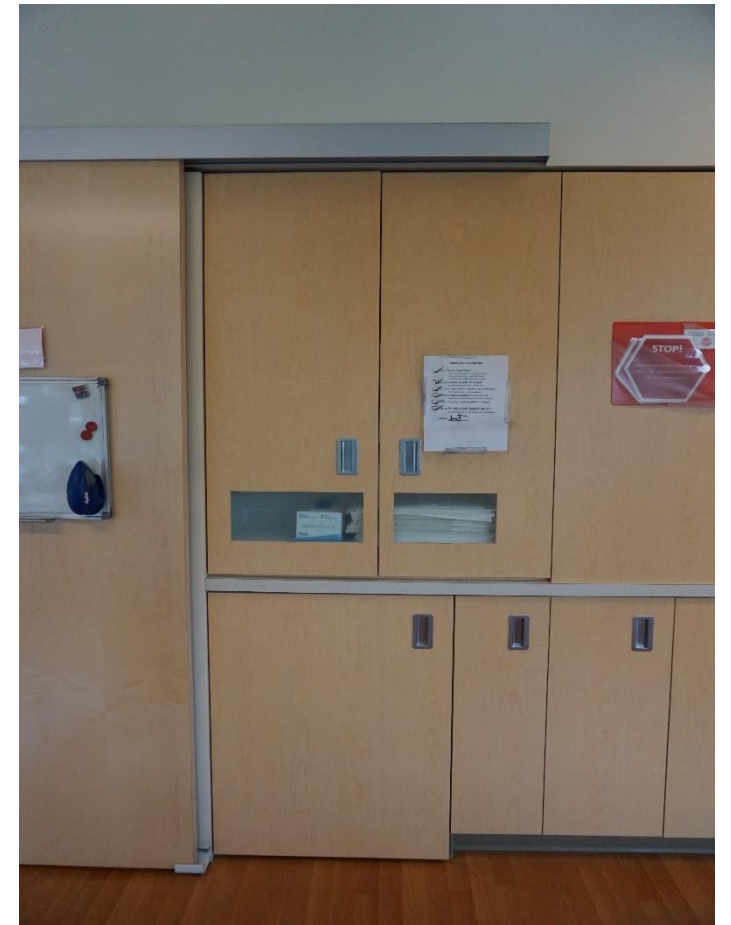
Knowledge worker

- Technical
- Process
- People
- Self-management



New Design at Kirkland

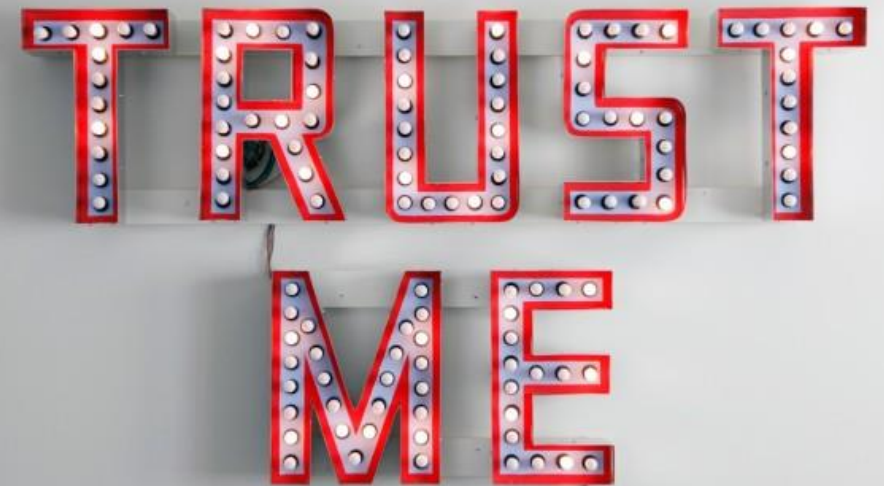
No waiting rooms, no treatment rooms, no stock rooms





Business case for change

- Problems require plans
- Plans involve change
- Change needs to demonstrate benefits



TRUST
ME

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...

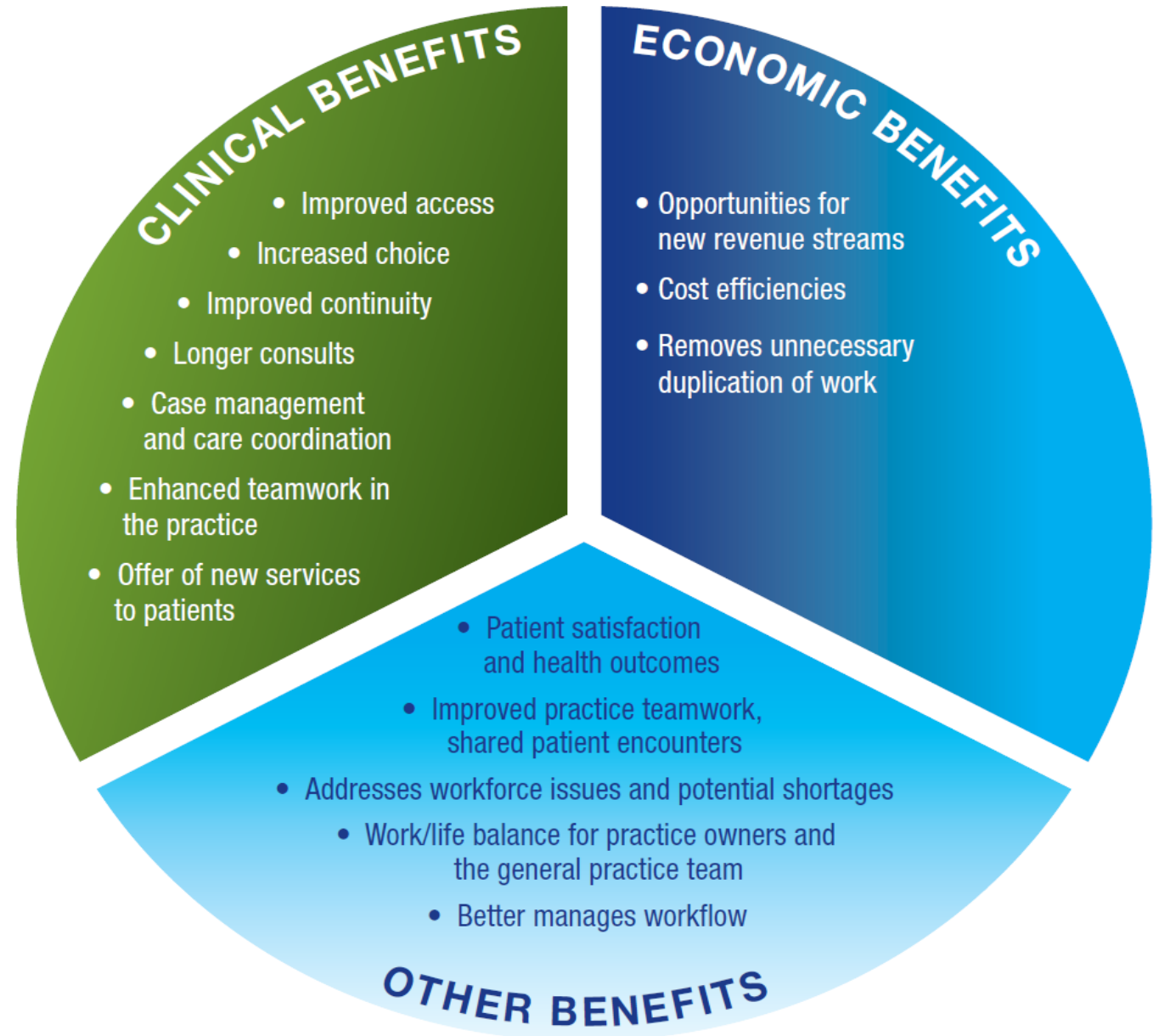
Nurse practitioners in primary care

Benefits for your practice



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?



**unanswered
questions**

Chronic Disease

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

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.

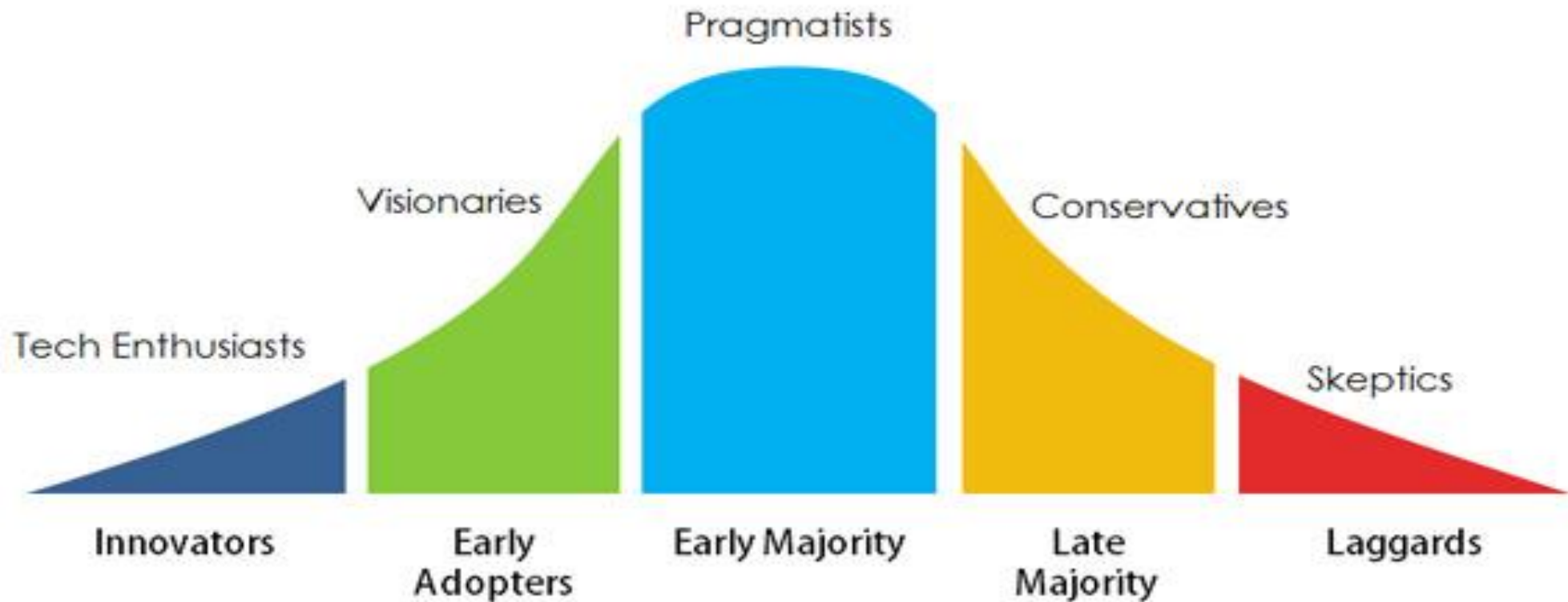
Your role

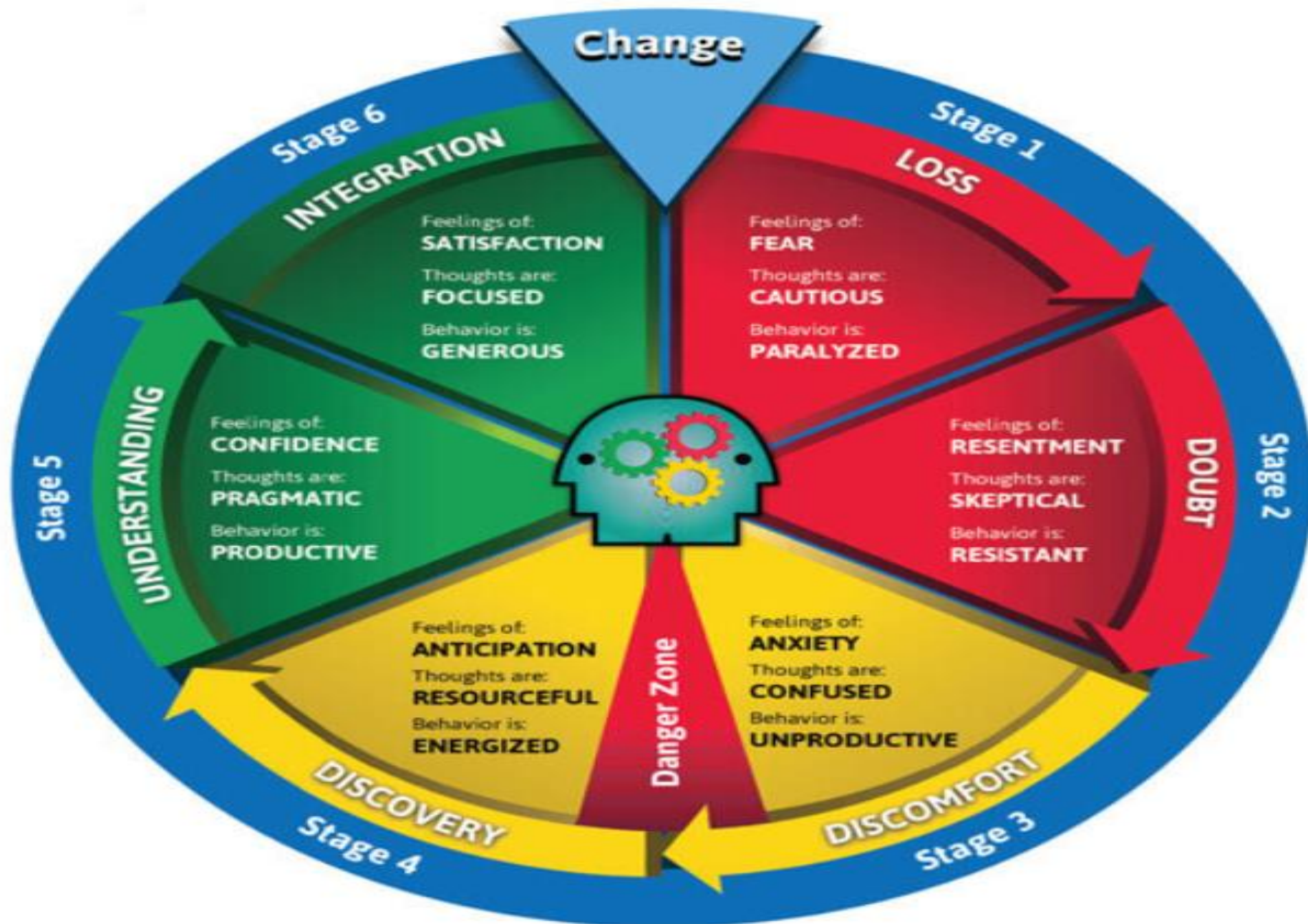
1. Set the expectation that change is inevitable
2. Speak to “How it will affect me”
3. Be honest about the implications
4. Embrace the change journey
5. Manage undermining



Your Team and Change

Product Adoption Curve

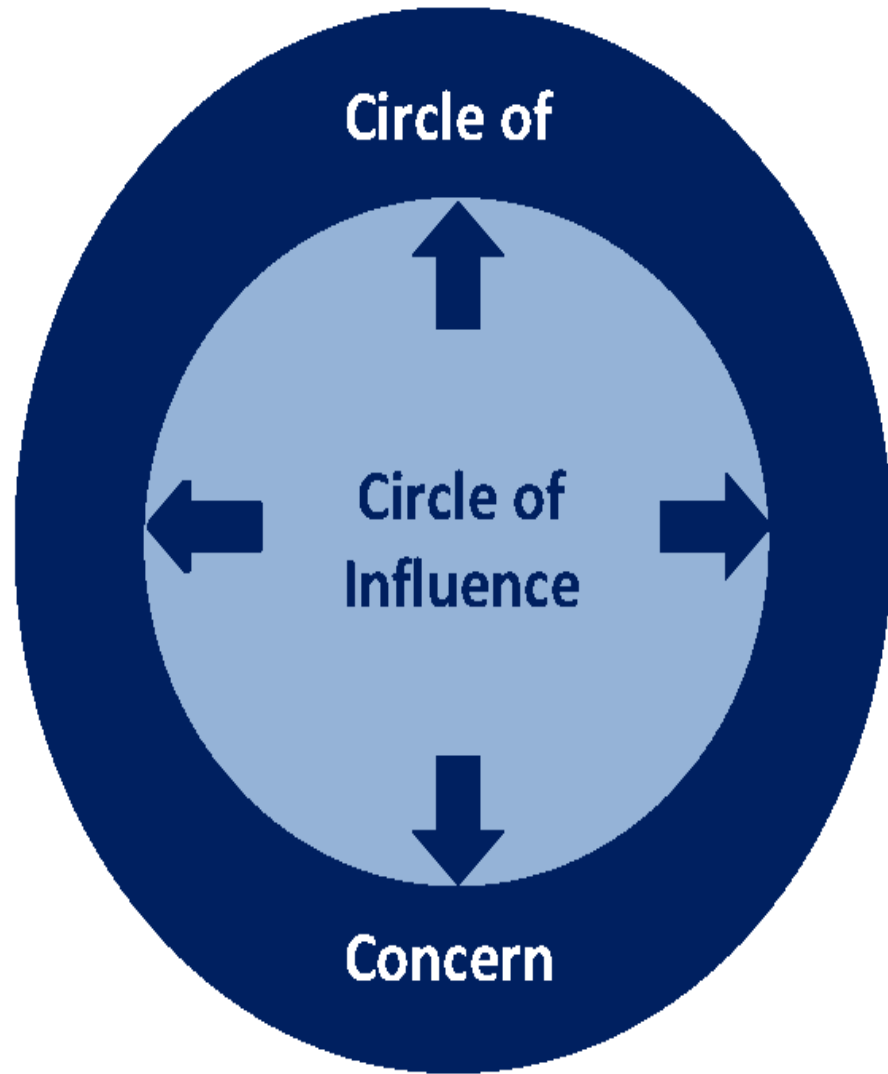




Self management

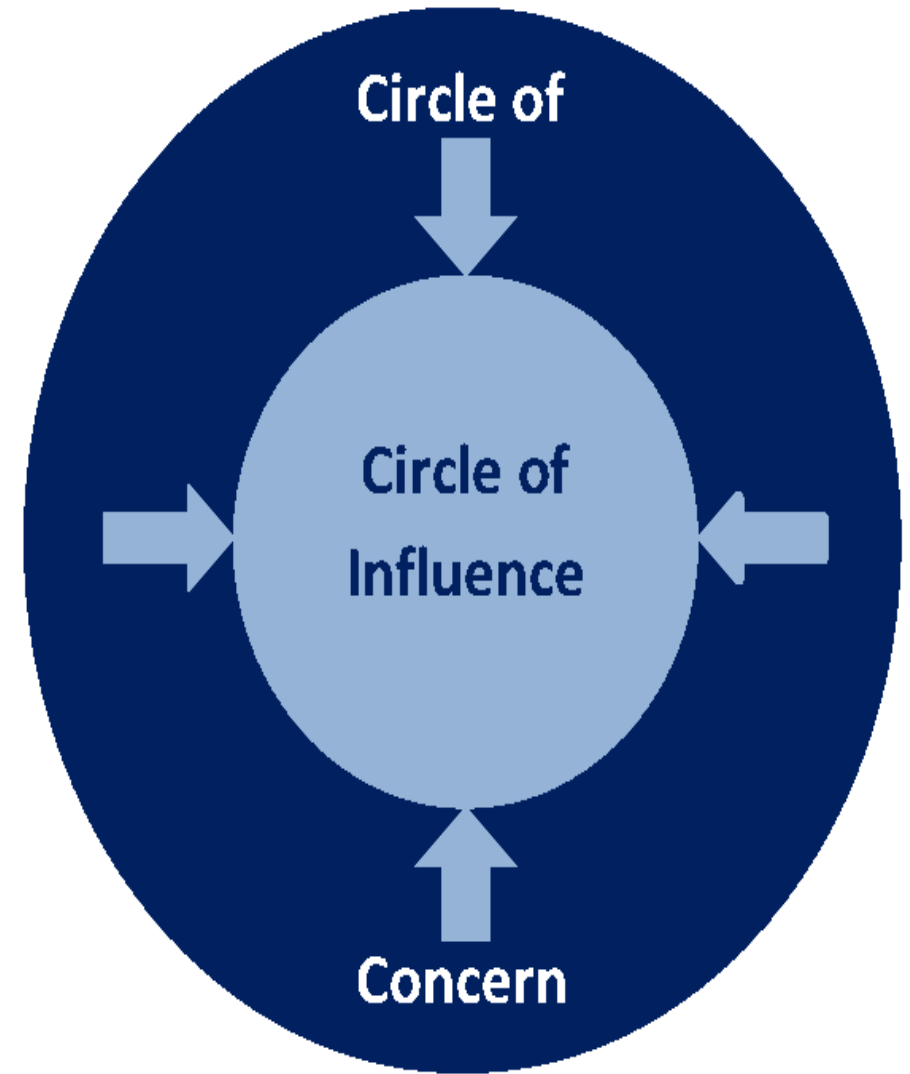
- Do things for yourself and by yourself...like reading 😊
- Leverage your support network
- Eat right, exercise and sleep well
- Know your strengths and play to them
- Identify your action triggers and have a resolution plan





Proactive Focus

Positive energy enlarges Circle of Influence



Reactive Focus

Negative energy reduces Circle of Influence

Circle of Concern



Reactive

Circle of Influence



Proactive

EXIT 03

THE FUTURE

NEXT EXIT



We live in interesting times!

Blog: www.inalapprimarycare/news/churchill2015



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