His Excellency General the Honourable Sir Peter Cosgrove AK MC (Retd), Governor-General of the Commonwealth of Australia, Patron

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Professor Bruce Robinson
Chair Medical Benefits Schedule Review Taskforce
Department of Health
CANBERRA ACT 2600
Via email: MBSReviews@health.gov.au

Dear Professor Robinson,

Feedback on the Report from the Nurse Practitioner Reference Group to the Medicare Benefits Schedule (MBS) Review Taskforce

Thank you for the opportunity to respond to the Report from the Nurse Practitioner Reference Group to the MBS Review Taskforce. I am writing in support of measures that will improve access to appropriate palliative care by trained and qualified Palliative Care Nurse Practitioners.

Palliative Care Australia (PCA) is the national peak body for palliative care in Australia, providing leadership on palliative care policy and community engagement. Working closely with consumers, its Member Organisations and the palliative care and broader health workforce, PCA aims to improve the quality of life and death for people with a life-limiting illness, their families and carers.

While PCA appreciates this review is focused on recommendations that relate to all Nurse Practitioners, PCA's comments pertain to the scope of practice and roles of Palliative Care Nurse Practitioners, a highly valuable and important part of the palliative care workforce.

As we have previously represented to you, the Taskforce and governments, the provision of palliative care does not fit well within the current MBS items. Given the Taskforce is committed to providing recommendations related to affordable and universal access, best-practice, value for the individual patient and value for the health system, I again urge you to support a palliative care focused review of the MBS as a priority.

As noted in our submission to you on the Report from the Pain Management Clinical Committee, the role and remuneration under the MBS for general practice and nurse practitioners must be explored to facilitate best practice community-based palliative care, incorporating the provision of home visits and after-hours support including for residents within aged care services. This is supported in the National Palliative Care Strategy (2018) which represents the commitment of the Commonwealth, State and Territory governments to ensuring the highest possible level of palliative care is available to all people. Within this Strategy, there is specific reference to funding mechanisms, including MBS items, to facilitate collaboration and care coordination across all settings.[1]

[1] National Palliative Care Strategy (2018), Goal 4 (Collaboration), Priority 4.4 (p.19)

PCA supports MBS changes which will bolster the role of Nurse Practitioners including Palliative Care Nurse Practitioners. Palliative Care Nurse Practitioners support palliative care patients across the lifespan from paediatric to ageing adults. PCA's workforce needs analysis for the future called for 3 full-time equivalent Palliative Care Nurse Practitioners per 100,000 population,[2] and when coupled with the much needed changes to the MBS, would ensure better support for people living with a life-limiting illness.

Evidence provided to PCA from Palliative Care Nurse Practitioners and General Practitioners is that currently the MBS system does not adequately compensate health providers who are meeting the needs of palliative care patients in the community (where most people want to be cared for).[3]

While PCA supports recommendations to improve MBS resourcing for Palliative Care Nurse Practitioners, PCA stresses that further support also needs to be provided to General Practitioners and all health providers providing palliative care services in the community. In particular, General Practitioners need further support for the work they do in Residential Aged Care Facilities (RACFs) and the recent increase in the MBS rebate for this work is still inadequate to compensate General Practitioners going into RACFs to provide palliative care to patients.

In respect of Palliative Care Nurse Practitioners, the current MBS financing system does not provide incentives for nurses to commit to the training required to become Nurse Practitioners generally and specifically Palliative Care Nurse Practitioners. For existing Palliative Care Nurse Practitioners the current system does not adequately compensate them for the work they do in people's homes, in residential aged care, and in other community settings.

Palliative care by its nature is complex and involves family members and carers. Palliative Care Nurse Practitioners need to spend adequate time with patients and their families to discuss medication, pain and symptom management, mobility and sleeping issues, dietary concerns and support patients and their families with emotional and psychosocial support. While it was not noted in the report from the Nurse Practitioner reference group, PCA considers that longer consultations are necessary for palliative care nurse practitioners to facilitate advance care planning discussions with patients and their families. These discussions are not one-off as goals of care may change as someone moves towards the end of their life. It is important that these discussions occur so the person's goals and wishes are known and the person has the option of documenting their preferences to guide health professionals supporting their care should they be unable to communicate or lose capacity.

Noting the above, PCA supports the recommendations in the Report from the Nurse Practitioner Reference Group to the MBS Review Taskforce to:

- Enable patients to access MBS rebates for long-term and primary care management provided by Nurse Practitioners (recommendation 1)
- Create a new MBS item for longer Nurse Practitioner attendances to support the delivery of complex and comprehensive care (recommendation 5).

Palliative Care Nurse Practitioners often visit palliative care patients in residential aged care facilities or in their own home. PCA has long argued that palliative care should be core business in residential aged care and Palliative Care Nurse Practitioners can provide essential support to patients within aged care settings and in community settings. Palliative Care Nurse Practitioners can work with RACFs and family members to ensure plans are in place to manage symptoms as they emerge which can limit the need for emergency out of hours care. This can result in better care outcomes for patients, is valued by RACF staff and family carers and often reduces unnecessary and distressing requests for ambulance attendance and transfers to emergency departments in hospitals.

[2] Palliative Care Australia, *Palliative Care 2030: Working Towards the Future of Quality Palliative Care for All*, February 2019, page 6.
[3] Palliative Care Australia, *The Economic Benefits of Home Based Palliative Care and End-of-Life Care*, Economic Research Note 2, July 2017.

It is not only older patients that often require palliative care out of hours or find it difficult to make consultations in business hours. Parents caring for children requiring paediatric palliative care often seek advice and assistance out of hours about medications and clinical care often with a goal to make an assessment about whether the child needs to be taken to an emergency department or whether this can be avoided with appropriate care at home. These scenarios are common for all carers of palliative care patients regardless of age.

PCA supports the recommendations in the Report from the Nurse Practitioner Reference Group to the MBS Review Taskforce to:

- Improve access to MBS rebates for Nurse Practitioner services in aged care settings (recommendation 2);
- Enable Domiciliary Medication Management Reviews (DMMRs) and Residential Medication Management Reviews (RMMRs) to be initiated by Nurse Practitioners (recommendation 3)
- Enable patients to access MBS rebates for after-hours or emergency care provided by Nurse Practitioners (recommendation 6).
- Enable patients to access an MBS rebate for Nurse Practitioner attendance care received outside of a clinic setting (recommendation 7).
- Create new MBS items for direct Nurse Practitioner to patient telehealth consultations (recommendation 13).

Finally, it is important that any changes to the MBS must include provisions to ensure appropriate data collection about palliative care consultations. This is supported by the National Palliative Care Strategy (2018) which states the following priorities:

> 6.1. Nationally consistent data collection is used to monitor, evaluate and report on access to and outcomes of palliative care
> 6.2 Palliative care providers contribute to data collection, monitoring and reporting activities
> 6.3 Data collection and reporting informs continuous quality improvement of palliative care[4]

PCA believes that for these priorities in the National Palliative Care Strategy to be achieved and for the general good of palliative care in Australia, palliative care consultations made via the MBS by health providers need to record the palliative care nature of the consultation and record the location or means by which the consultation took place such as in a primary care clinic, specialist clinic, residential aged care facility, home, other community based location or by telehealth.

Thank you for the opportunity to provide this feedback. Please do not hesitate in contacting Kelly Gourlay, National Policy Advisor, if you wish to arrange to discuss these matters further on (02) 6232 0708 or kelly@palliativecare.org.au .

Yours sincerely

Rohan Greenland
Chief Executive Officer
Palliative Care Australia

[4] National Palliative Care Strategy (2018), Goal 6 (Data and Evidence), p.23.