WHAT’S A NURSE PRACTITIONER (NP)?

• Registered Nurse → builds upon established Advanced Practice

• Expert and experienced clinician → Master’s degree

• Autonomously work to expanded scope of practice:
  • Advanced assessment and diagnosis
  • Prescription of scheduled medicines
  • Ordering/interpreting diagnostic tests
  • Referral to allied health and medical specialists

• 2000 - Present: 1600 endorsed NPs

Source: http://www.acnp.org.au
COMMUNITY NEED

• Improved access to healthcare, particularly for underserved and/or marginalised populations

• Reduced fragmentation and silos in the delivery of health care

• Flexible and responsive care with the implementation of NP models that traverse healthcare from the acute to community and aged care sectors

• Target priority areas, such as reducing avoidable hospital admissions and emergency department waiting times
NP ROLE AS DISRUPTION?

- Disruptive Innovation is a mainstreaming process starting with:
  - “Filling the Gap” through role supplementation
  - Need to develop quality until it catches up to expected standards
  - Occurs when working to full scope

1998: Nurses Amendment (Nurse Practitioners Act)

2000: First NPs Authorised in NSW

2003: Australian Nurse Practitioner Association (ACNP)

2005: ANMC endorsed competency standards

2010: MBS & PBS Reforms

Disruptive Innovation is a mainstreaming process starting with:

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IMPLEMENTATION

• The NP role, while not a discreet program, is flexible and adaptable\textsuperscript{15,16}.

• Role can be implemented into most multidisciplinary teams, programs or activities.
While initially widely implemented in the public sector, since 2010, NPs are developing an increasing presence in primary care\textsuperscript{17,18,33}:

- General Practices
- Private Specialty Practices
- Aboriginal Health Services
- Homelessness Clinics
- Refugee and Humanitarian Entrant Services
- Home Nursing Services
ENABLERS

• Role Underpinned by Capability Theory\textsuperscript{15,16}
  • Evolving Clinical Practice Standards
    • Emergency Nurse Practitioner Clinical Practice Standards\textsuperscript{25}
    • Clinical Practice Standards for (Meta)Specialty Practice\textsuperscript{26,27,28}

• Supporting Regulatory Frameworks
  • Title Protection and Endorsement\textsuperscript{19,20}
  • Accreditation Standards (Academic Programmes)\textsuperscript{21}
  • Standards for Professional Practice\textsuperscript{22}
  • Safety and Quality Guidelines\textsuperscript{23}

• Medicare Benefits Schedule and Pharmaceutical Benefits Scheme benefits for patients\textsuperscript{24}
**BARRIERS**

- Slow workforce growth
- Difficult to embed across health systems
- Duplication and fragmentation of care
- Increased health expenditure
- Education and training has remained specialised, rather than targeting current and future system needs
- Challenges in establishing successful business models

- Commonwealth and jurisdictional policies negatively impacting upon scope of practice\(^\text{10,18,32}\)
- Visibility
- Clinical education and training\(^\text{15,26}\)
- Systems design
- Payment mechanisms\(^\text{18,29}\)
- “Collaborative” Arrangements\(^\text{30,31}\)
- Protectionism by sustaining innovation
SCALING FOR THE BLUEPRINT

• Systematically review and address Commonwealth and jurisdictional policy barriers to scope of practice

• Improve understanding of the NP role across policy makers, health systems and payers

• Identify service-driven opportunities for NPs

• Implement frameworks that broaden focus of education to better prepare NPs to deliver generalist and specialist care

• Enable clinical preparation of the NP workforce to meet consumer and health system needs

• Address issues in reimbursing care, which affects growth and sustainability


REFERENCES


THANK YOU!

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