



Private Healthcare Australia
Better Cover. Better Access. Better Care.



Response to the Draft Nurse Practitioner Strategy

February 2023

Contact:

Ben Harris – Director Policy and Research

0418 110 863

ben.harris@pha.org.au

About Private Healthcare Australia

Private Healthcare Australia (PHA) is the Australian private health insurance industry's peak representative body. We have over 20 registered health funds throughout Australia as members and collectively represent 98% of people covered by private health insurance. PHA member funds provide healthcare benefits for more than 14 million Australians.

Recommendations

Private Healthcare Australia recommends that the Nurse Practitioner Strategy:

- Note the opportunities available in the private sector, and
- Recommend the removal of the prescriptive list in the *Private Health Insurance (Health Insurance Business) Rules 2018* that prohibit nurse practitioners being funded to provide services under a Chronic Disease Management Plan.

Response

Thank you for the opportunity to provide commentary on the draft Nurse Practitioner Strategy.

While the draft strategy is generally sound, Private Healthcare Australia is surprised that it makes no mention of the private health sector. The private sector delivers most of the health care delivered across Australia, and around one third of spending (over \$60 billion per annum) is provided outside of government.

PHA is of the considered view that, based on the evidence, better utilisation of nurse practitioners has significant potential to improve patients' lives in both the public and private sectors. The draft strategy would be much improved by recognising this potential.

The private sector also provides the potential for an expanded scope of practice for nurse practitioners, where this can be demonstrated to be of benefit to patients. One area of need is care coordination for people living with chronic disease.

Private health insurers are allowed to provide rebates for chronic disease management programs (CDMPs), under strict conditions imposed by legislation. CDMPs are designed to assist people better manage chronic diseases, improving quality of life and reducing the burden care (for example, through fewer hospital admissions). Most funds offer some programs, which people can apply for, or funds can suggest to their customers. These are generally based on clinical criteria, and may cover issues such as weight management, joint protection, or mental health care.

There is currently a list of practitioners that funds are allowed to support through chronic disease management programs in the Rules under the *Private Health Insurance Act 2007* which should be removed. This prescriptive list excludes nurse practitioners (as well as mental health peer support workers, community nurses and many others who should be able to provide care under these programs).

Removing the prescriptive, out of date list of practitioners able to be funded through a CDMP (contained in cl. 12, *Private Health Insurance (Health Insurance Business) Rules 2018*) would allow for a wider range of practitioners to be funded – allowing nurse practitioners to engage with health funds to cover more innovative models of care. This could provide a market opportunity for nurse practitioners. They would be able to compete with other practitioners on a level playing field, and demonstrate their training, scope of practice and approach to patient care.

Removing this barrier to nurse practitioners being funded for CDMPs would require a change to subordinate legislation, not the Act. Removal of the list on its own will not permit health funds to co-fund consultations covered by Medicare.