



Private Healthcare Australia
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Expanding the list of practitioners able to provide services under private health insurance chronic disease management programs

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About Private Healthcare Australia (PHA)

Private Healthcare Australia (PHA) is the Australian private health insurance industry's peak representative body. We have 22 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 14.8 million Australians.

Introduction

Health funds have a vested interest in Australia having a strong health workforce that can meet the needs of their members. About 55% of Australians pay for private health insurance so they can access health care where and when they need it, and members value choosing who will care for them.

Health funds across Australia help their members living with chronic health conditions through a range of measures, including health coaching and support services via telephone and online, and through access to private hospital care. Health insurers also offer Chronic Disease Management Programs (CDMPs) to assist people living with health conditions. The objective of these programs is to help members stay healthy for as long as possible to live a productive life and reduce costly, preventable hospitalisations. It's good for members and it makes actuarial sense. PHA has outlined the many benefits of out of hospital care in our 2023 report [There's no place like home](#).

However, legislation and regulation currently limit what health funds can provide for their members. These legislative barriers contribute to inappropriate restrictions on scope of practice for many health professionals.

CDMPs are governed by the *Private Health Insurance (Health Insurance Business) Rules 2018* (the Business Rules). These Rules currently prohibit health funds from providing CDMP services which include, among others, nurses (including nurse practitioners, practice nurses and mental health nurses) providing services to patients. The defined list of health professionals listed in the Rules as eligible to provide these services is out of step with current best practice.

There is strong evidence supporting the value of nurse practitioners, practice nurses, mental health nurses, and other non-registered health professionals to assist people with chronic diseases. Along with a developing academic literature base supporting the use of a wider range of practitioners in CDMPs for people with chronic health conditions, the Australian Government has a number of policy positions that support the proposed changes, including:

- The [Productivity Commission Mental Health Inquiry](#) (November 2020) which recommended "The Australian Government should review the regulations that prevent private health insurers from funding community-based mental healthcare with a view to increasing the scope for private health insurers to fund programs that would prevent avoidable mental health-related hospital admissions."
- The [Nurse Practitioner Workforce Plan](#) (2023) which has a goal "to remove barriers affecting the [nurse practitioner] workforce."

- The [Strengthening Medicare Taskforce](#) Report (2023) which articulates a vision where “health care professionals work to their full scope of practice.”
- The [Unleashing the Potential of our Health Workforce](#) (2024) review which is identifying opportunities to remove the barriers stopping health professionals working to their full scope of practice.

In addition, the House of Representatives’ Standing Committee on Health, Aged Care and Sport’s [State of Diabetes Mellitus in Australia in 2024](#) report, recommended expanding access to allied health providers and diabetes educators in Australia and introducing more telehealth services and case conferencing models of care.

Removing the out-of-date definitions for CDMPs within the Rules would address the Albanese Government’s goals and provide more flexibility to health funds to undertake chronic disease management programs. This legislative change would then provide incentives for the sector to participate in more detailed discussions of specific models using the best available workforce.

PHA anticipates that removing the current restrictions would promote more CDMPs, leading to better health for thousands of Australians living with chronic health conditions. Without change, many people will continue to not receive the help they need for chronic diseases, or they will rely on the stretched public health system.

Response

Do you agree that practice nurses, mental health nurses and/or nurse practitioners should be added to the list of health professionals eligible for benefits under CDMPs?

Yes.

What is the process for identifying a patient to participate in a chronic disease management program?

There are a variety of ways in which people with health insurance discover CDMPs. Sometimes they see information about CDMPs in social media posts or via other communications from their health fund. They may also hear of a program via ‘word of mouth’ during a hospital visit or rehabilitation program. Health funds would welcome assistance from general practitioners, other medical specialists and allied health professionals to identify suitable candidates and refer them to a CDMP.

How is it determined which health care professionals are eligible under insurer CDMP framework?

The list is legislated. Health funds would prefer more discretion, particularly to support services provided by non-registered health professionals such as mental health peer support workers.

What information is considered in developing the written plan?

The clinical information considered by health professionals is currently out of scope of the legislative mechanisms for Chronic Disease Management Plans and should remain so.

What is the process to ensure the person is provided with a copy of the plan and their consent to the plan is obtained?

This varies with the clinician, the patient and the health fund.

How does coordination, monitoring, review of the plan, and provision of relevant services occur?
This varies with the clinician, the patient and the health fund.

Are there any other aspects of chronic disease management programs which should be considered?
Non-registered health professionals cannot currently participate in delivering Chronic Disease Management Programs. This excludes many valued professionals, including mental health peer support workers, allied health assistants, social workers and many others.

For example, there is a rapidly growing evidence base for the work of mental health peer support workers, yet the current Rules prohibit health funds from providing support to these services.

If the government does not agree to remove the current defined list of professionals in the Rules, PHA asks the government to consider an alternative recommendation, that:

The Government introduce a new Rule 12(3) that states “other health care workers, not registered by the Australian Health Practitioner Regulation Agency, may provide services under Chronic Disease Management Programs when working under the supervision of a class of person named in Rule 12(2).

Conclusion

Optimising Australia’s allied health workforce is a critical part of improving access to both public and private health services. 14.8 million Australians are contributing towards their health care via private health insurance. Ensuring nursing professionals can work to their full scope of practice provides consumers with more choice about their health care and takes pressure off our stressed public health system. Health funds want to provide their members with a wider range of health services to help them live a healthy, productive life, including through CDMPs. This will require access to a larger and more diverse workforce where all participants can work to their full scope of practice.