

PNIP and sexual health

This information sheet explains the rationale for and practicalities of nurses performing sexual health care following the introduction of the Practice Nurse Incentive Program (PNIP)

<p>PNIP — quick overview</p>	<p>The PNIP was introduced on 1 January 2012, to support the expanded and enhanced roles for nurses and/or Aboriginal Health Workers in general practices, Aboriginal Medical Services and Aboriginal Community Controlled Health Services. The PNIP simplifies the previous funding arrangements by offering practices a single quarterly payment to cover the diversity of activities nurses perform, including sexual health care. Nursing roles are therefore no longer determined by specific Medicare item numbers but can now be determined by clinical need. The PNIP funds all services nurses perform and it offers greater opportunities to further develop their role in general practice.</p> <p>Sexual Health care is one important role that educated nurses competently perform. The PNIP funds nurses to continue to offer this service.</p>
<p>Nurses and sexual health care – the evidence</p>	<p>Some important facts to consider:</p> <ul style="list-style-type: none"> • In 2011, chlamydia was the most commonly diagnosed sexually transmissible infection (STI) in Australia.¹ • The RACGP Red Book 8th Edition, recommends screening for chlamydia in all sexually active people aged 15–29 years and screening every 12 months for gonorrhoea, chlamydia, syphilis and HIV for men who have sex with men (MSM) and others at risk.² • In Australia, the vast majority of testing and treatment of STIs occurs in general practice.³ • Testing and treating patients and their sexual partners, (contact tracing), reduces the burden of STI and infection rates in the community. • As some STIs have no symptoms they often go undetected on presentation. • Patients demonstrate high levels of confidence and satisfaction after consultations with primary health care nurses.⁴ • Nurses are in a position to incorporate sexual health care (such as education, advice, promotion of safe sexual practices and harm minimisation strategies) into other consultations such as immunisation and health assessments such as the Health Assessment for Aboriginal and Torres Strait Islander People (MBS Item 715). • Key advantages of a greater nurse role in STI screening and education are increased professional satisfaction for nurses, reduction in time pressure on GP services and a greater proportion of target populations receiving STI screening and education.⁵
<p>PNIP and sexual health</p>	<p>PNIP funding is allocated according to nursing hours, and a practice's Standardised Whole Patient Equivalent (SWPE) value which allows practices to further develop sexual health services and nurses' professional development in this area. It creates opportunities to develop nurse led sexual health clinics. This benefits the practice as a whole in meeting community needs, decreasing GP workload and increasing capacity and income for the practice.⁶</p> <p>PNIP simplifies funding arrangements by removing the administrative burden of individual billing, as income previously generated through Medicare is now paid in a quarterly block that covers all nursing activities. This is important, given that, most clinical activities nurses perform have not been reimbursed by Medicare in the past.</p>

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Sexual Health Billing options

Patients can see either nurses or doctors to discuss their sexual health. Recognising that PNIP funding covers the cost of nurses providing sexual health care, options 1 and 2 below recommend that practices pass no charge onto patients when it comes to nurses providing sexual health services:

Option 1 Nurses continue to deliver sexual health care autonomously particularly targeting priority populations such as young people under the age of 29 years, as well as deliver other health promotion messages (lifestyle and prevention of STIs, safe sex, condom usage etc). This acknowledges that the PNIP covers the costs of nurses' time.

Option 2 Nurses continue to deliver sexual health care and consult with the GP for complex patients e.g. the nurse performs the initial assessment and books a further appointment with the GP for review, if clinically indicated. Where the GP is involved, the practice can utilise the appropriate standard consultation item number such as the Health Assessment for Aboriginal and Torres Strait Islander People (MBS Item 715).

Option 3 The practice charges a fee for a nurse consultation in accordance with the practice's billing policies.

THE KEY POINTS

- Nurses are accepted by patients as competent and trustworthy sexual health providers and have provided sexual health care for many years.
- Nurses have high contact with young people and play a significant role in ensuring the practice provides health prevention and promotion messages. Working with young people also can be time consuming and nurses may be better placed to provide the necessary time for lengthy consultations.
- The PNIP provides nurses and practices the freedom to determine clinical roles according to practice population needs. This may include targeting areas in your community where chlamydia screening in the recommended age groups is less than ideal.
- Appropriate education, training and gaining competency in the Sexual Health Competency Standards for Primary Health Care Nurses⁷ allows nurses to work autonomously when they undertake STI screening, however consultation with GPs is often necessary for complex patients and those requiring further medical assessment.
- The PNIP provides nurses and practices the freedom to determine clinical roles according to practice population needs.
- PNIP provides the practice with the opportunity to work more efficiently by utilising each health professional's skills and allocating time appropriately. This allows the GP more time to consult with additional and more complex patients.
- Appropriate use of GP / nurse time increases patient's access to health care, reduces waiting times and improves the quality of care delivered.

References

1. Sexually Transmissible Infections Episode 5 Australian Social Trends June 2012 ABS
2. Guidelines for Preventative Activities in General Practice (Red Book) RACGP 8th Edition 2013
3. Second National Sexually Transmissible Infections Strategy 2010–2013, Australian Government
4. Clients' understanding of the role of nurse practitioners, Australian Health Review 2010 34 (1) 59-65
5. Practice nurses and sexual health care Enhancing team care within general practice, Australian Family Physician October 2013 42, (10) 729-733
6. Nurse clinics in Australian General Practice – Planning, Implementation and Evaluation, AMLA
7. Sexual Health Competency Standards for Primary Health Care Nurses 2013



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