

# Sexual Health Care in General Practice BY PRIMARY HEALTH CARE NURSES



**Primary Health Care Nurses are in a unique position in general practice to incorporate sexual health care into their practice either in their own consultations or in consultation with the GP. Below are some examples of how a primary health care nurse can take a lead role in sexual health care, with possible billing options outlined for each.**

**Note:** It is important to reduce barriers for young people in accessing health services and charging a fee may deter the opportunities to test. All young people 15 years and over are entitled to their own Medicare card <http://www.humanservices.gov.au/customer/services/medicare/medicare-card>

## OPTION 1: The Practice utilises the Practice Nurse Incentive Program (PNIP) to cover the consultation

The Primary Health Care Nurse delivers sexual health care autonomously targeting priority populations such as sexually active young people 29 years and under in line with the RACGP Guidelines for preventive activities in general practice 8th edition (Red Book)

### Opportunities for sexual health to be incorporated into consultations

**Travel vaccination consults** – The Primary Health Care Nurse discusses STIs and safe sex practices. STI tests offered may vary depending on age and context, but at a minimum a chlamydia PCR should be offered before the patient's travel with a discussion about safe sex and condom use, with an appointment booked for their return for a repeat screen.

**Young People consult** – All young people (15-29 years) see the Primary Health Care Nurse on

arrival at the practice regardless of reason for presentation. The Primary Health Care Nurse completes a general health check, including discussion on STIs and safe sex practices offering at a minimum chlamydia PCR screen for sexually active young people.

**Pap smear** – An STI check-up is undertaken offering at a minimum chlamydia PCR screen

**Reproductive health consults including contraception and pregnancy testing** – An STI check-up is undertaken including discussion on, STIs and safe sex practices offering at a minimum chlamydia PCR screen

**Young men attending for sports injuries and/or sick certificates** – An STI check-up is undertaken with all sexually active young men including a discussion safe sex practices offering at a minimum chlamydia PCR screen

## OPTION 2: The Practice utilises the appropriate GP or Primary Health Care Nurse consultation item number

The primary health care nurse supports the delivery of sexual health care in consultation with the GP.

### Opportunities for sexual health to be incorporated into consultations

**Drug and Alcohol Consultation** – The GP offers STI testing for chlamydia, gonorrhoea, syphilis, HIV, HAV and HBV. The Primary Health Care Nurse discusses safe sex, STIs and organises the self-collection of specimens. **GP Billing options:** MBS Item Number 23 Level B

**Cervical Screening** – The patient has a consultation with the GP prior to seeing the Primary Health Care Nurse who undertakes the cervical screening including a STI check. **GP Billing options:** MBS Item Number 2497/2501

**General Health Check-up** – The GP offers STI testing for chlamydia, gonorrhoea, syphilis, HIV, HAV and HBV. The Primary Health Care Nurse discusses safe sex, STIs and organises the self- collection of specimens. **GP Billing option:** MBS Item Number 23 Level B

**Health Assessment for Aboriginal and Torres Strait Islander People** – Within the assessment, STI tests offered may vary depending on age and context, but at a minimum a chlamydia and gonorrhoea PCR should be offered. The Primary Health Care Nurse organises the self-collection of specimens, discusses safe sex, STIs, and arranges a follow up appointment. **GP Billing option:** MBS Item 715 and PHCN Billing option MBS Item number 10987 for follow up by a primary health care nurse

## OPTION 3: The practice charges a fee for a primary health care nurse consultation

The practice charges patients a set fee for a half hour consult with the Primary Health Care Nurse.

## BILLING OPTIONS FOR OPTION 2

MBS Item Number	Patient Presentation
<b>GP Billing Options</b>	
3 (brief)	Level A for a GP consult
23 (standard)	Level B for a GP consult
36 (long)	Level C for a GP consult
44 (prolonged)	Level D for a GP consult
2497/2501 /2504/2507	<b>PIP Level A Pap Smear and PIP Level B Pap Smear</b> – Screening of a woman aged 20-69 years who has not been screened in the past 4 years
701 (brief) 703 (standard) 705 (long) 707 (prolonged)	<b>Humanitarian Entrant Health Assessment</b> – applies to humanitarian entrants who are resident in Australia with access to Medicare services. This includes Refugees, Special Humanitarian Program and Protection Program entrants
715	<b>If the patient is Indigenous</b> Health Assessment for Aboriginal and Torres Strait Islander People
721/732	GPMP or GPMP review
<b>Primary Health Care Nurse Billing Options</b>	
10997	<b>If the patient has a care plan</b> (for the provision of monitoring and support to people with a chronic disease by a practice nurse or registered Aboriginal Health Worker on behalf of a GP)
10987	<b>If the patient is Indigenous</b> Follow-up Health Services (The MBS follow up item is provided by a practice nurse or registered Aboriginal health worker, on behalf of a GP).
<b>Nurse Practitioner Billing Options</b>	
82200 (brief ) 82205 (standard) 82210 (long) 82215 (prolonged)	

## Other ways to Incorporate Sexual Health Into General Practice

Using the clinical audit tool Pen Cat. This audit tool extracts data from the patient database and allows the primary health care nurse to target certain patients and organise recalls.

**Examples** – Use Pen Cat to extract a list of:

- all women who have not had a Pap Test within the last 4 years
- all males eligible for the Gardasil vaccination
- people by age to invite them to a sexual health education session
- follow up for patients with a chronic disease under 29 who already have a GPMP

Once these lists are generated, a reminder/recall system can be established and reminder letters can be created and mail merged. Reminders can be added at point of contact for the follow up contact.

By using the audit tool, practices can capture patients who are not covered by the recall system and ensure the practice database is a true reflection of the practice clientele.

**nswsti**  
PROGRAMS UNIT

For further information contact:  
[admin@stipu.nsw.gov.au](mailto:admin@stipu.nsw.gov.au)

June 2015