



**Consultation on proposed changes to the Accident
Compensation (Liability to Pay or Contribute to Cost of
Treatment) Regulations 2003 (Cost of Treatment
Regulations) to encourage free doctors' visits for children
under 13**

Submission to:

Ministry of Business, Innovation and Employment

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1. Summary

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I am responding on behalf of an organisation (please specify):

The College of Nurses Aotearoa (NZ)

Please tick to describe the type of organisation:

Other (please describe):

Professional Organisation

2. Background

The Ministry of Business, Innovation and Employment is consulting on a regulatory proposal that will encourage free general practitioner (GP) visits for injured children aged 13 years and under. This proposal would required changes to the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003 (the Cost of Treatment Regulations).

The College of Nurses Aotearoa (NZ) welcomes the opportunity to comment on this proposal. The College of Nurses is a professional body of New Zealand registered nurses and nurse practitioners from all regions and specialties both within and outside of the District Health Board (“DHB”) setting. It provides a voice for the nursing profession and professional commentary on issues that affect nurses, and also the health of the whole community, aiming for excellence in nursing practice and health care delivery which addresses disparities in health.

In summary, the College supports any initiatives which contribute to meeting the Government’s objective to providing free **GENERAL PRACTICE TEAM** visits and free prescriptions for children under 13 years and will ultimately improve access to primary health care services for this population group.

However, we have significant concerns that the implementation of the proposal as currently outlined will create new barriers and perverse incentives within the general practice team where a range of barriers to practice already exist and are progressively being addressed.

Key to our feedback is a need for ACC to recognise the key contribution of registered nurses and nurse practitioners in primary health care settings. Utilisation of both registered nurses and nurse practitioners has not reached its full potential due to funding, structural, and reimbursement barriers which to date have not been sufficiently addressed by ACC. Until these barriers can be recognised and addressed, we consider that there is some way to go to fully implement the Government's objective.

We have more specific detailed comments and feedback which is outlined in detail in this submission.

3. Submission

Proposal: To encourage free "doctors" visits for children under 13

This proposal will replace the current extra contribution for under six year old GP visits with an additional contribution of \$22 (excluding GST) on top of the standard adult rate for all children under 13 in the Cost of Treatment Regulations.

The College supports the implementation of any initiatives to improve the health of New Zealand children and to enable equality of access to quality health services.

However, the College remains concerned about historically focused legislation, regulation, policies and procedures which continue to present significant challenges and barriers for the provision of nursing services.

In regard to this proposal, primary health care nurses (practice nurses) and nurse practitioners will face particular barriers in regard to reimbursement for services under the current proposal.

The Nurse Practitioner (NP) role has a fifty-year history internationally and has existed in New Zealand since 2001. These masters prepared nurses can specialise in child health, are able to independently provide the full episode of care and are expert at spanning boundaries between clinic, home and community settings. As the GP shortage worsens they are becoming increasingly vital members of the General practice team.

The College of Nurses Aotearoa (NZ) considers there is a significant opportunity for nurse practitioner employment to be implemented more widely in our health and disability sector. Currently ACC reimbursement for nurse practitioners is not at a level that is appropriate for the level of practice of a nurse practitioner which often involves in depth assessment, and can be up to an hour in duration. In addition, the scope of service provided is somewhat broader than that provided by a general practitioner.

While this proposal provides a mechanism to move towards meeting the Government's objectives, we remain concerned that the proposal does not recognise registered nurses in the provision of primary health care, nor does it differentiate between registered nurses and nurse practitioners.

ACC current funding and reimbursement structures for health care services provided in primary health care settings are therefore failing to take into account new and innovative models of providing health services, including those led by registered nurses and nurse practitioners.

The layered level of payment focusing purely on the provider rather than on the service or treatment "... appears to assume that the service the GP provides is worth more than the PN [practice nurse] as the rate is higher despite the fact that often the PN assesses and manages care, for example wound or plaster care, with minimal input from the general practitioner. This funding encourages professional disempowerment of nurses as GPs often insist on seeing all clients every time to gain the higher fee from ACC regardless of the actual need" (Minto 2004).

The College has long been advocating that reimbursement should be service based and that reimbursement be paid at a flat rate for the same service, regardless of which member of the general practice team delivers the service. At a minimum, nurse practitioners should receive the same reimbursement as a GP in order to recognise that there is little if any differentiation between NP and GP practice.

Direct reimbursement for ACC services must be available to nurses, and in particular nurse practitioners, because:

- evidence demonstrates the high quality of care and patient satisfaction with nurse practitioners and direct reimbursement will promote direct access of patients to nurse practitioner services (Safreit 1992, Office of Technology Assessment 1986)
- income produced for professional practice is a classic manifestation of professional worth (Richmond et al 2000)
- direct compensation provides tangible recognition of the nurse practitioners professional standing which contributes to professional satisfaction and peer recognition (ibid)
- organisations and individual practices gain when nurse practitioners can independently and interdependently manage patients and be reimbursed for those services often increasing the number of patients that can be managed within a practice.

As long ago as 2005, the College recommended that "in order to support the autonomous practice of nurses and nurse practitioners allow them to fulfill their role as intended, it is recommended that ACC review direct nursing access to ACC reimbursement and provide direct funding to nurses rather than channelling funding directly to GP employers. It is also recommended that the level of reimbursement be reviewed to recognise the advanced level of nurse practitioner practice" (College of Nurses 2005).

The Ministry of Health together with the nursing profession have spent 15 years since the creation of the nurse practitioner role systematically identifying and eradicating barriers to nurse practitioner practice delivery. The goal is to improve consumer access to primary health care and primary care through increased level of service delivery.

It seems inconceivable that in 2015 MBIE should be looking to establish what is in effect a new barrier by allowing differential payments for GPs and NPs for providing the same service. Given urgent national goals towards workforce flexibility, the increasing GP shortage and major rural health need this seems extremely short sighted. We ask you NOT to allow establishment of a new barrier alongside Ministry work to eradicate old ones.

References

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