

## 13 Practice nurse activity

This section investigates changes in the activities of practice nurses in association with the GP-patient encounters for the years 2005-06 to 2008-09.

In November 2004, four Medicare item numbers were introduced into the MBS that allowed GPs to claim for specified tasks undertaken by a practice nurse under the direction of the GP. The recording form for the 2005-06 BEACH year was amended to capture this information.

- GPs were allowed to record multiple (up to three) Medicare item numbers where appropriate, rather than be limited to one item number.
- In the 'other treatments' section, for each problem managed, GPs were asked to tick the 'practice nurse' box if the treatment recorded was provided by the practice nurse rather than by the GP. If the box was not ticked it was assumed the GP gave the treatment.

The survey form allowed GPs to record up to two other treatments for each problem managed at the encounter. Other treatments include all clinical and procedural treatments provided at the encounters. These groups are defined in Appendix 4.

Between November 2004 and March 2008 three new practice nurse items were added to the MBS. In November 2008 item 00711 was added, covering health checks done by practice nurses or Aboriginal health workers. This item was therefore only available to BEACH participants for the period November 2008 – March 2009 inclusive.

The eight practice nurse Medicare items available during the 2008-09 BEACH data period are listed with a short description in Table 13.1.<sup>58</sup>

This section investigates changes in:

- the distribution of the Medicare items claimed for practice nurses
- treatments provided by practice nurses in association with the GP-recorded encounter
- problems for which the practice nurse provided the treatment in direct association with the GP-recorded encounters.

In Chapter 10, all treatments (other than medications) recorded by the GPs were reported, irrespective of whether they were provided by the GP or by a practice nurse. As in previous years, injections recorded in the provision of immunisations and vaccinations were not included, as these are already counted as pharmacological management. In contrast, this section, being a description of practice nurse activity, reports only the activities indicated as being conducted by a practice nurse and includes the injections for immunisation/vaccination that were not counted in Chapter 10. GPs are also instructed not to record their taking of routine clinical measurements, such as blood pressure. However, where the practice nurse undertook these activities at the consultation, and it was recorded as a practice nurse activity, they have been included in the analysis in this chapter.

When viewing these results, it must be remembered that these practice nurse data will not include activities undertaken by the practice nurse during the GP's BEACH recording period that were outside (not associated with) the recorded encounter. Such activities could include Medicare-claimable activities (for example, immunisations/vaccinations) provided under instruction from the GP but not at the time of the encounter, or provision of other services not currently claimable from Medicare (for example, dietary advice to an individual or in a group situation).

## 13.1 Overview of practice nurse activity

Encounters involving a practice nurse as a proportion of all recorded encounters increased significantly from 4.2% in 2005–06 to 6.4% in 2008–09, an increase of about 50%. The number of problems for which the practice nurse was involved in the care provided at the encounter also increased significantly between 2005–06 (2.8%) and 2008–09 (4.2%). However, of those encounters at which the practice nurse activity was specified, the proportion said to be claimable from Medicare, remained constant over the 4 years, at 36–39% (Table 13.1).

Extrapolation of these results to national Medicare claims for GP consultations in these years suggests that in 2008–09, practice nurses were actively involved in provision of care at about 7.2 million encounters, about 2.5 million more than in 2005–06.<sup>59</sup>

**Table 13.1: Summary of practice nurse involvement at encounter, and claims made, BEACH, 2005–06 to 2008–09**

Variable	2005–06	2006–07	2007–08	2008–09
	Number	Number	Number	Number
Total encounters	101,993	91,805	95,898	96,688
Encounters involving practice nurse	4,295	4,769	5,791	6,183
Encounters at which practice nurse activity described	4,013	4,710	5,712	6,052
Encounters with practice nurse item number but activity not described	282	59	79	131
Encounters at which one or more practice nurse item numbers were recorded as claimable	1,683	1,823	2,060	2,416
Total problems managed	149,088	136,333	145,078	149,462
Problems managed with practice nurse involvement	4,111	4,922	5,909	6,281
<b>Proportions</b>	<b>Per cent (95% CI)</b>	<b>Per cent (95% CI)</b>	<b>Per cent (95% CI)</b>	<b>Per cent (95% CI)</b>
Encounters involving the practice nurse as a proportion of total encounters	4.2 (3.7–4.7)	5.2 (4.6–5.8)	6.0 (5.5–6.6)	6.4 (5.8–7.0)
Practice nurse claimable encounters as a proportion of total encounters	1.7	2.0	2.1	2.5
Proportion of practice nurse involved encounters for which one or more practice nurse item numbers were recorded	39.2 (34.7–43.6)	38.2 (34.0–42.4)	35.6 (32.4–38.8)	39.1 (35.9–42.3)
Problems involving the practice nurse as a proportion of total problems	2.8 (2.4–3.1)	3.6 (3.2–4.1)	4.1 (3.7–4.5)	4.2 (3.8–4.6)

*Note:* CI—confidence interval; some of these results may differ from those previously published. These data have been re-analysed for all years to include those encounters at which an item number was recorded but no practice nurse activity was described, in the count of total practice nurse activity.

## 13.2 Distribution of practice nurse item numbers claimed at encounters

The number of practice nurse item numbers claimed per 100 GP–patient encounters significantly increased from 1.7 items per 100 encounters in 2005–06 to 2.5 per 100 in 2008–09. Extrapolation of these results suggests that the BEACH sample represented about 1.7 million claimed practice nurse items in 2005–06 and about 2.8 million in 2008–09. Medicare data show there were 3.21 million such claims in 2005–06 and 5.44 million in 2008–09.<sup>59</sup> The

2005–06 BEACH sample represented about 53% of the practice nurse activity claimed from Medicare during that period and 59.0% in 2008–09. The balance of the Medicare claims for practice nurse items would be for services provided by the nurse independent of the GP–patient encounter.

There was no significant change in the distribution of practice nurse item numbers claimed for work associated with the BEACH encounters: about two-thirds accounted for by immunisation and about one-third by wound treatment, in each of the four data years. The combined uptake of all cervical smear item numbers did increase, from 0.5% in 2005–06 to 1.1% of these claims in 2008–09 (Table 13.2).

**Table 13.2: Distribution of practice nurse item numbers recorded at encounter, BEACH, 2005–06 to 2008–09**

Medicare item number	Short descriptor	Per cent of total (95% CI)			
		2005–06 (n = 1,696)	2006–07 (n = 1,835)	2007–08 (n = 2,073)	2008–09 (n = 2,438)
10993	Immunisation	69.5 (63.8–75.3)	66.8 (61.5–72.2)	64.1 (59.6–68.6)	63.5 (59.0–68.1)
10994 <sup>(a)</sup>	Cervical smear and preventive checks	N/A	0.2 (0.0–0.5)	0.2 (0.0–0.4)	0.7 (0.1–1.2)
10995 <sup>(a)</sup>	Cervical smear and preventive checks—women 20–69 years, no smear in past 4 years	N/A	0.1 (0.0–0.2)	0.1 (0.0–0.2)	0.4 (0.0–0.9)
10996	Wound treatment (other than normal aftercare)	30.0 (24.3–35.7)	32.6 (27.2–40.0)	34.4 (30.0–38.8)	33.3 (29.1–37.5)
10997 <sup>(b)</sup>	Service provided to a person with a chronic disease by a practice nurse or registered Aboriginal Health Worker	N/A	N/A	0.7 (0.2–1.2)	1.9 (0.9–2.9)
10998 <sup>(c)</sup>	Cervical smear	0	0.1 (0.0–0.3)	0.3 (0.2–0.5)	0.1 (0.0–0.2)
10999 <sup>(c)</sup>	Cervical smear—women 20–69 years, no smear in past 4 years	0.5 (0.0–0.9)	0.2 (0.0–0.4)	0.3 (0.0–0.8)	0.0
00711 <sup>(d)</sup>	Health check by a practice nurse or registered Aboriginal Health Worker	N/A	N/A	N/A	0.1 (0.0–0.2)
Total practice nurse item numbers—rate per 100 total encounters		1.7 (1.4–2.0)	2.0 (1.7–2.3)	2.2 (1.9–2.4)	2.5 (2.2–2.9)

(a) Item number introduced in November 2006.

(b) Item number introduced in November 2007.

(c) Item numbers introduced in November 2004, but broadened in 2006, so they are not limited to services in rural areas.

(d) Item number introduced in November 2008.

Note: N/A—Not applicable.

### 13.3 Treatments provided by practice nurses

The number of procedures (including tests undertaken) undertaken by practice nurses at GP–patient encounters rose significantly by 55%, from 4.0 per 100 encounters in 2005–06 to 6.4 per 100 in 2008–09. The practice nurses also took on an increasing proportion of the procedural work recorded at the encounters, from 22.7% to 30.4%. However, their provision of clinical treatments (such as advice and health education) at the GP–patient encounters remained infrequent (Table 13.3).

**Table 13.3: Summary of treatments provided by practice nurse, BEACH, 2005–06 to 2008–09**

Treatment	Per cent of each activity that was performed/ assisted by the practice nurse (95% CI)				Rate per 100 encounters (95% CI)			
	2005–06	2006–07	2007–08	2008–09	2005–06 (n = 101,993)	2006–07 (n = 91,805)	2007–08 (n = 95,898)	2008–09 (n = 96,688)
Procedural treatments <sup>(a)</sup>	22.7 (20.2–25.2)	28.1 (25.5–30.8)	29.7 (27.5–32.0)	30.4 (28.0–32.9)	4.0 (3.5–4.5)	5.2 (4.6–5.8)	6.1 (5.5–6.7)	6.4 (5.8–7.1)
Clinical treatments	0.7 (0.5–0.9)	1.5 (0.9–2.2)	1.3 (1.0–1.6)	1.4 (1.1–1.6)	0.2 (0.1–0.3)	0.5 (0.3–0.6)	0.5 (0.4–0.6)	0.5 (0.4–0.6)
<b>All other treatments</b>	<b>9.0</b> <b>(7.9–10.1)</b>	<b>11.8</b> <b>(10.4–13.2)</b>	<b>11.9</b> <b>(10.8–13.0)</b>	<b>12.5</b> <b>(11.3–13.7)</b>	<b>4.2</b> <b>(3.7–4.8)</b>	<b>5.7</b> <b>(4.9–6.4)</b>	<b>6.5</b> <b>(5.9–7.2)</b>	<b>6.9</b> <b>(6.2–7.6)</b>

(a) Procedural treatments here include all injections for immunisations/vaccinations. These are not included in the summary of the content of encounter in Table 5.1, summary of management in Table 8.1 or in the analyses of other treatments in Chapter 10, because the immunisation/vaccination is already counted as a prescription or GP-supplied medication.

## Individual treatments

On average, for every 100 encounters in which the practice nurse activity was described by the GP, the nurses undertook about 107–110 activities across all years.

In terms of procedural treatments, increases were apparent in two specific areas, INR blood tests and check-ups. In 2005–06, these two actions could not be coded by the data entry staff as specific procedures. For 2006–07 such codes were introduced as possible practice nurse activities in response to the data recorded by the GPs in 2005–06. Between 2006–07 and 2008–09, practice nurse INR tests increased from 1.8 per 100 encounters in which they were involved to 6.4 per 100, almost a three-fold increase. The extrapolated result suggests that nationally, practice nurses did about 450,000 INR tests at GP–patient encounters in 2008–09, about 350,000 more than in 2006–07. Over the same period practice nurse check-ups increased from 4.0 per 100 practice nurse encounters to 6.3 per 100 suggesting that nationally they did about 250,000 more check-ups in relation to GP–patient encounters in 2008–09 than they did 3 years earlier.

In the area of clinical treatments only one clear change emerged. Administrative procedures (excluding provision of sickness certificates) done by practice nurses at GP–patient encounters increased from 0.7 to 2.3 per 100 practice nurse encounters, a 3-fold increase (Table 13.4).

## 13.4 Problems managed with practice nurse involvement

The problems managed most often with the assistance of a practice nurse in association with the consultation were immunisation/vaccination, followed by laceration/cut, chronic skin ulcer, diabetes, and general check-up. There was little change in the rate of nurse involvement in most problems managed. The exception was their work associated with atrial fibrillation/flutter. Nurses were involved in the management of this problem at almost three times the rate in 2008–09 than in 2005–06. This increase in activity is clearly related to the increase in the number of INR tests (noted above) over the same period, as these tests are used for patients taking warfarin, usually those with atrial fibrillation (Table 13.5).

**Table 13.4: Most frequent treatments provided by practice nurses, BEACH, 2005–06 to 2008–09**

Treatment	Rate per 100 encounters where PN activity described <sup>(a)</sup> (95% CI)			
	2005–06 (n = 4,013)	2006–07 (n = 4,710)	2007–08 (n = 5,712)	2008–09 (n = 6,052)
<b>Procedural treatments (including tests)</b>	<b>102.2</b> <b>(100.1–104.3)</b>	<b>101.3</b> <b>(99.2–103.5)</b>	<b>102.3</b> <b>(100.7–104.0)</b>	<b>102.5</b> <b>(100.5–104.8)</b>
Local injection/infiltration*	41.0 (36.6–45.4)	37.3 (33.0–41.6)	37.7 (34.7–40.7)	38.2 (34.9–41.6)
Dressing/pressure/compression/tamponade*	23.7 (21.3–26.2)	22.4 (19.8–24.9)	20.7 (18.7–22.8)	21.2 (19.2–23.3)
Incision/drainage/flushing/aspiration/removal body fluid*	8.1 (6.2–10.0)	8.8 (6.7–11.0)	6.8 (5.6–7.9)	7.4 (6.0–8.8)
INR test	NAv	1.8 (1.0–2.6)	4.9 (3.6–6.2)	6.4 (4.9–7.9)
Check-up—practice nurse*	NAv	4.0 (2.3–5.6)	6.1 (4.8–7.4)	6.3 (4.0–8.6)
Electrical tracings*	5.4 (4.1–6.7)	4.5 (3.7–5.2)	5.2 (4.3–6.1)	4.4 (3.6–5.2)
Excision/removal tissue/biopsy/destruction/debride/cauterise*	7.4 (5.6–9.2)	5.7 (4.2–7.2)	4.9 (3.8–5.9)	4.3 (3.4–5.2)
Repair/fixation-suture/cast/prosthetic device (apply/remove)*	6.4 (5.0–7.8)	6.0 (5.0–7.0)	5.0 (4.2–5.7)	4.3 (3.6–5.0)
Physical function tests*	3.9 (2.6–5.3)	4.3 (2.8–5.7)	3.5 (2.3–4.7)	2.7 (2.0–3.4)
Urine test*	1.4 (0.8–2.0)	1.4 (0.8–2.0)	2.1 (1.3–3.0)	1.7 (1.0–2.4)
Other procedures/minor surgery NEC*	0.9 (0.5–1.3)	1.0 (0.7–1.4)	1.5 (1.0–2.0)	1.4 (0.8–2.0)
Glucose test	0.7 (0.3–1.1)	1.0 (0.4–1.5)	1.0 (0.7–1.3)	1.0 (0.6–1.3)
Pap smear	0.3 (0.0–0.6)	0.6 (0.2–0.9)	0.5 (0.3–0.8)	0.7 (0.1–1.3)
Pregnancy test*	0.3 (0.1–0.6)	0.3 (0.1–0.5)	0.5 (0.3–0.8)	0.5 (0.3–0.7)
<b>Clinical treatments</b>	<b>5.2</b> <b>(3.7–6.7)</b>	<b>8.9</b> <b>(5.6–12.1)</b>	<b>7.7</b> <b>(6.2–9.2)</b>	<b>7.4</b> <b>(6.0–8.8)</b>
Other administrative procedure*	0.7 (0.4–1.0)	1.1 (0.7–1.6)	2.0 (1.4–2.6)	2.3 (1.6–3.0)
Advice/education—treatment *	0.2 (0.1–0.4)	0.9 (0.5–1.3)	0.6 (0.4–0.8)	0.9 (0.5–1.3)
Advice/education*	0.9 (0.4–1.3)	1.5 (0.6–2.4)	1.4 (0.8–2.1)	0.8 (0.5–1.1)
Counselling/advice—nutrition/weight*	0.6 (0.2–0.9)	1.2 (0.2–2.1)	0.5 (0.1–0.9)	0.7 (0.4–1.1)
Counselling—problem*	0.9 (0.2–1.5)	0.8 (0.3–1.3)	0.6 (0.3–0.8)	0.5 (0.2–0.7)
<b>All practice nurse activities at the encounter</b>	<b>107.4</b> <b>(105.0–108.9)</b>	<b>110.2</b> <b>(107.7–112.8)</b>	<b>110.0</b> <b>(108.4–111.6)</b>	<b>109.9</b> <b>(108.1–111.6)</b>

(a) Figures do not total 100, as more than one treatment can be performed by a practice nurse at each encounter, and only those individual treatments accounting for  $\geq 0.5\%$  of total treatments by practice nurse are included.

\* Includes multiple ICPC-2 or ICPC-2 PLUS codes (see Appendix 4).

Note: PN—practice nurse; CI—confidence interval; INR—International Normalised Ratio blood test; NEC—not elsewhere classified; Nav—data not available.

**Table 13.5: The most common problems managed with the involvement of practice nurse, BEACH, 2005–06 to 2008–09**

Problem managed	Rate per 100 contacts with PN activity described (95% CI)			
	2005–06 (n = 4,013)	2006–07 (n = 4,710)	2007–08 (n = 5,712)	2008–09 (n = 6,052)
Immunisation/vaccination—all*	30.9 (26.9–34.9)	30.8 (26.5–35.0)	29.5 (26.7–32.2)	29.5 (26.2–32.7)
Laceration/cut	6.4 (5.0–7.8)	6.2 (5.2–7.2)	6.0 (5.0–7.0)	6.4 (5.5–7.3)
Chronic ulcer skin (including varicose ulcer)	6.8 (5.6–8.0)	6.0 (4.9–7.1)	4.7 (3.7–5.6)	5.9 (4.9–6.9)
General check-up*	2.5 (1.7–3.3)	3.1 (2.2–3.9)	4.3 (3.1–5.4)	3.7 (2.9–4.4)
Atrial fibrillation/flutter	1.2 (0.6–1.7)	1.4 (0.8–2.0)	2.8 (2.0–3.6)	3.4 (2.6–4.3)
Diabetes—all*	1.7 (1.0–2.4)	2.5 (1.8–3.1)	3.0 (2.4–3.7)	3.1 (2.4–3.7)
Malignant neoplasm skin	3.2 (2.3–4.2)	2.9 (2.1–3.8)	2.6 (1.8–3.3)	2.6 (1.9–3.3)
Excessive ear wax	2.2 (1.6–2.9)	3.0 (2.4–3.6)	2.8 (2.2–3.4)	2.5 (2.0–3.0)
Skin infection, post-traumatic	1.8 (1.3–2.3)	1.7 (1.2–2.2)	1.6 (1.0–2.1)	1.9 (1.5–2.3)
Hypertension*	1.1 (0.6–1.5)	1.6 (1.0–2.2)	1.8 (1.2–2.3)	1.8 (1.2–2.4)
Vitamin/nutritional deficiency	0.9 (0.5–1.3)	0.5 (0.3–0.8)	1.0 (0.6–1.4)	1.6 (1.2–2.1)
Blood test blood/lymph	0.2 (0.1–0.4)	0.6 (0.1–1.1)	0.7 (0.4–1.0)	1.1 (0.5–1.7)
Asthma	1.5 (1.0–2.0)	2.3 (1.6–3.0)	1.2 (0.9–1.6)	1.1 (0.7–1.5)
Boil/carbuncle	0.6 (0.4–0.9)	0.8 (0.5–1.1)	0.9 (0.5–1.2)	1.1 (0.7–1.4)
Abrasion/scratch/blister	1.2 (0.7–1.6)	0.7 (0.4–1.0)	1.2 (0.6–1.7)	0.8 (0.5–1.0)
Repair/fixate-suture/cast/prosthetic device (apply/remove)	1.2 (0.7–1.8)	1.2 (0.7–1.6)	1.1 (0.8–1.5)	0.8 (0.5–1.1)
Burns/scalds	0.9 (0.5–1.3)	1.2 (0.8–1.7)	1.1 (0.8–1.4)	0.9 (0.6–1.2)
Skin complaint	1.2 (0.7–1.7)	1.2 (0.8–1.7)	1.0 (0.7–1.3)	0.9 (0.6–1.2)
Contraception, other than oral	1.1 (0.6–1.5)	0.5 (0.3–0.8)	0.9 (0.6–1.2)	0.8 (0.5–1.0)
Fracture	1.1 (0.7–1.5)	1.0 (0.6–1.5)	0.8 (0.5–1.0)	0.5 (0.3–0.7)
Injury skin NEC	1.0 (0.6–1.4)	0.6 (0.3–0.9)	0.4 (0.2–0.6)	0.4 (0.2–0.6)
<b>Total problems</b>	<b>102.4</b> <b>(101.7–103.2)</b>	<b>104.5</b> <b>(103.3–105.8)</b>	<b>103.4</b> <b>(102.7–104.2)</b>	<b>103.8</b> <b>(103.1–104.5)</b>

\* Includes multiple ICPC-2 or ICPC-2 PLUS codes (see Appendix 4).

Note: CI—confidence interval; NEC—not elsewhere classified.