Robyn Doyle RN Div 1

National Primary Care

"Because WE Care"

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Background

- Assist GP's with EPC items
- Operational since 2000
- Spread through out Melbourne & recently Sydney
- Uses Div 1 R.N.'s

My role

- Encourage new clinics to use NPC
- Work as a nurse / HC within 3 practices
- Train new nurses & give on going support to practices & nurses
- Run Pap smear clinics

Why use the PN ?

- Allows Dr to keep consulting
- Increased time spent with the patient
- No disruptions
- Financially viable

Booking patients

- Dr obtains patients consent
- Patient books in at reception
- Patient sees nurse on scheduled day then followed up by the Dr to review the plan

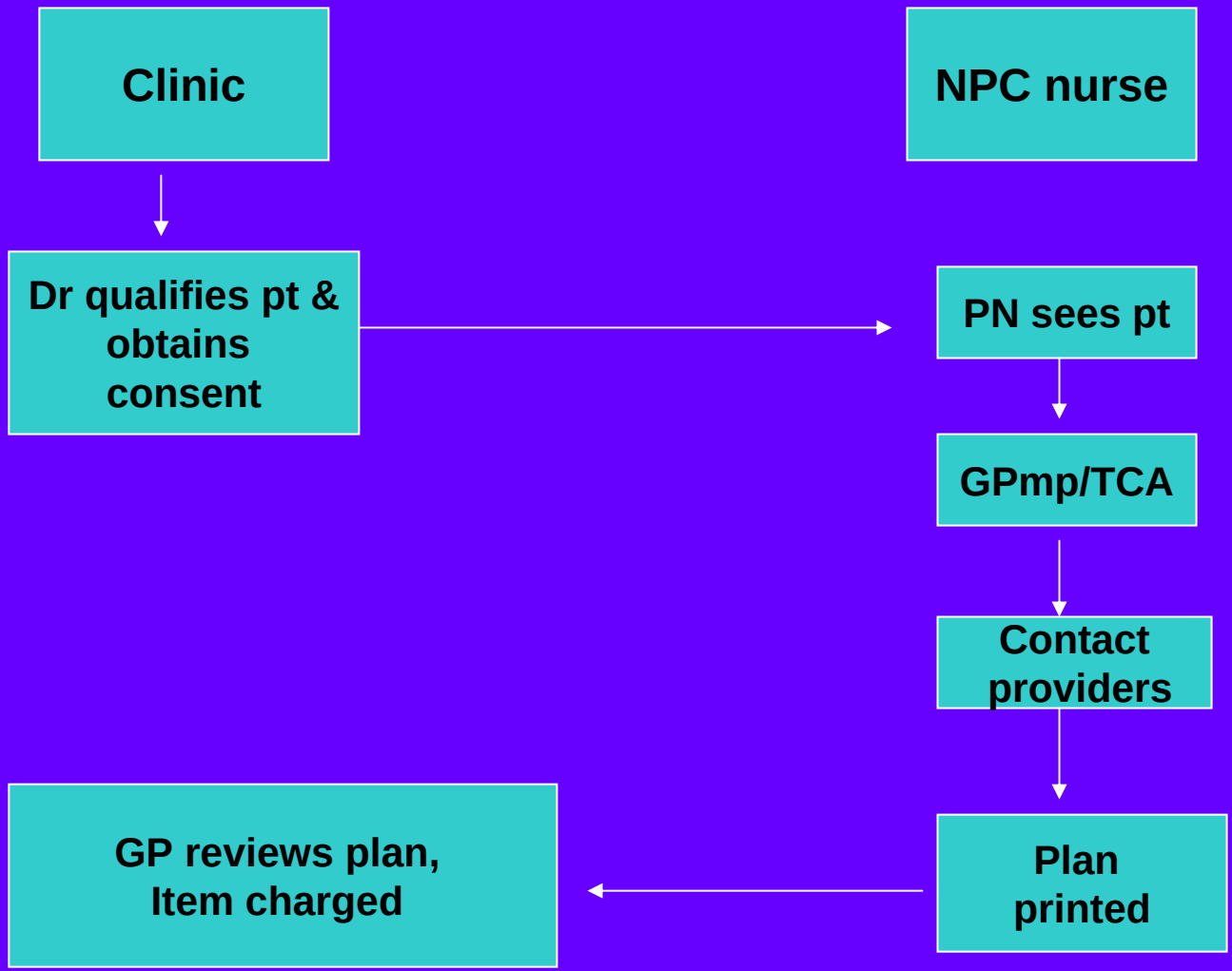
Conditions & Referrals

Diabetes	Dietitian, DE	Podiatrist
OA, OP	Physio	EP
Asthma, COPD	Physio	EP
IHD	Dietitian	EP
Mental Health	Psychologist	EP
Terminal conditions	Dietitian	EP
Chronic back pain	Physio, EP	Osteo, Chiro

Financial Benefits

- Rebates pay for the nurse
- GPmp (721) = $124.95
- TCA (723) = $98.95
- Diabetic Annual Cycle of Care = $40.00 per patient
- 45 – 49 year health check (717) = $100.00
- NPC works on a 60:40 ratio

The Process


Clinic
NPC nurse
Dr qualifies pt & obtains consent
PN sees pt
GPmp/TCA
Contact providers
Plan printed
GP reviews plan, Item charged

Typical session

- Patient summary sheets printed off
- Ask pt if they know why they are seeing you, then explain / reiterate
- Dissect conditions though effective questioning, discussion, goal setting
- Write up the plan & make AH referrals & appointments
- Patient sees Dr, sign off for approp. Medicare item

Resources

- Pen & paper
- Health Diary, check lists, food diary,
- Information from the internet

Follow ups

- By phone
- In the surgery
- On line support
- Home visits

Sydney Project

- Working with COPD patients
- To improve care of patients with COPD in the community by the Dr & nurse working in partnership

Case Study

- George, 72 years, 62 kgs
- Lost 18 kgs in 6 months, unsteady gait
- Recent fall, found on floor 3 hours later
- Refusing outside help / support
- HC identified poor nutritional status, personal safety issues, loneliness,
- Solution that George came up with OT referral, personal alarm, MOW, volunteer

Integrating HC into GP

- Word of mouth
- Acceptance by Dr's
- Direct referrals
- Through the Divisions of GP
- Flyers & brochures

Contact Details

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