GP LINK Lunches | Karen Booth, APNA President

Dr Kenneth McCroary, Chair of Sydney South West GP Link, hosts a series of meetings with clinical/ political/regional individuals or organisations to discuss issues and solutions for GPs working in South Western Sydney.

Karen Booth

Dr Ken McCroary

Ken McCroary - Apart from our continued advocacy for general practice, Sydney South West GP Link also prioritises the broader primary health group of practitioners going in and contributing such a strong part of our GP lead primary health team.

Particularly during the past few years with dealing with COVID pandemics the assistance and collegiality shared with our primary health team especially our primary care registered nurses has been wonderful. The dedication and hard work shown by our primary care nurses dealing with issues of the pandemic particularly those around vaccine and not just the physical component of injection vaccines into the arms of the community but dealing with the significant issues and miss information and hesitancy and confusion that has been about throughout the pandemic that is confusion about vaccination but also about infection and the public health's rules and directions from politicians and vocal components of the media.

At GP Link we have been strongly advocating increased support for primary care nurses. We have led campaigns in order to convince federal governments to allow primary care item numbers for renumeration. We have contributed to the push for primary health nurse payments for flu vaccination particularly. We have been front and centre with the Primary Health Network in South Western Sydney and the Local Health District of South West Sydney in trying to find ways to support primary nurses in GP practices including direct funding for things such as COVID monitoring.

With this in mind I thought it would be a great opportunity to spend some time talking to Karen Booth who is the current president of APNA the Australian Primary Health Care Nurses Association.

The association has a number of issues carrying around in the primary health care nursing space at the moment and about primary health care nursing in general including work force fatigue especially in the aged care and general practice sectors, the ongoing vaccination role out and the need to give primary healthcare nurses the ability to care for patients using the full scope of their practice which is currently not possible under the current MBS funding model.

So I am really pleased to be joined today by Karen to discuss these and other issues regarding primary health care nurses. Karen has worked as a primary health care nurse and manager in general practice since 1998. Her roles include acute and preventive health care, chronic disease management, care coordination, data management, accreditation, administration, staff training and mentoring.

Karen's true passion is preventive health care, utilising surveillance, and health checks to identify health problems early, and intervention to prevent damage to a person's health and wellbeing. Key to this is the development of systems to utilise the skills of the whole general practice team working to the best of their ability.

Karen has participated in numerous Australian Government Department of Health national health policy advisory groups, including several Ministerial appointments, providing advice to the Primary Health Care Advisory Group, the MBS review, and Primary Health Reform Steering Group for the National Primary Health Care 10 Year Plan.

Karen has more than 10 years' experience in corporate governance and has held several board directors positions. Karen is a graduate of the Australian Institute of Company Directors.

Ken McCroary - Karen thanks so much for joining us today. Can you tell me a bit about APNA?

Karen Booth - So APNA is the peak body for primary healthcare nurses in Australia and there are probably close to 90,000 primary healthcare nurses and that includes nurses in aged care, community health, we have a lot of nurses in Aboriginal health, but probably our biggest sector is general practice. But certainly aged care we have got a lot of interest from aged care nurses and we actually have a couple of key organisations like Calvery and Regis who have joined corporate members for their more than a thousand nurses between them.

Ken McCroary - Cool, so yes there is a fair few nurses in this sort of sector particularly in the RACHs I work more closely with the practice nurses but because we visit the RCF we also interact with the staff there as well. Now what do you think is your biggest role as leader of that organisation is and what do you do?

Karen Booth - I think the prime thing we do is we advocate and try and lift the profile for primary healthcare nurses and particularly for general practice which I know your key group is we look at publicising and promoting the role of the nurses part in a multi-disciplinary team and the advantages practices have by actually employing a nurse and that can help with workload help to share the load.

But also there are financial advantages to employing a nurse who can then look at all of those chronic disease items and long term care to help share that load with GPs. So, promoting that skill set both to other health professionals but also to the government and federal government so we can make sure that programs we are all involved in that they have a big picture view and eventually big picture funding.

Ken McCroary - Yes, that is one of the big issues as well trying to gain at least access to item numbers through Medicare for our practice nurses. You do a lot of work in house; you do a lot of unfunded work that preventative care and a long term chronic health don't you?

Karen Booth - Well, yes we do and you know there are pros and cons to having item numbers for nurses and it is a short funding sugar hit to have small item numbers. The chronic disease item number for instance for nurses is worth $12 and it doesn't matter if the nurse spends five minutes with the patient or half an hour with the patient, that fee doesn't change it is still $12 and I think it doesn't adequately reflect the type of work nurses do. I really think if we want to be smart, modern thinkers in particularly chronic disease care we need to look at how best and how flexibly practices can use their nurses and to make sure that the funding comes for longitudinal care that allows practices to be more flexible with the way they use there staff rather than just with small item numbers so I think we really need are think about how we fund the whole thing.

Ken McCroary - Yes, the paltry amount of the item numbers need revision, but we are also looking for that flexible blended system as well, so we are able to work to scope in terms of being funded to spend that time. You know 12 minutes is not a 45-minute memory assessment clinic or a chronic care clinic or anything like that is it.

Karen Booth - No I think one of the good things about having a nurse is that they contribute to chronic disease management and to look at you know things like care planning and follow up visits. One of the problems currently is that nurse activity is not reflected in any of the data we collect so it is really hard to, if you went say for instance to government and you said 'now my practice nurse does all of these things' and they are just measuring it by Medicare item number, it is really hard to argue that point.

So, we really need to look at how we look at the big picture for I think teams in general practice and how we make sure that is funded adequately. So, things like back-end payments like the WIP payment that we have at the moment is certainly good, but it certainly needs a huge funding boost.

Nothing has changed since it think it came in in 2012 so we haven't had any increase in a decade and for some practices the cap on that is restrictive now that their practices have grown and the amount of people they see have grown but the cap hasn't changed so I think we really need to look at it federally and how we better incentivise the employment of nurses by practices and also look at how we use some of those subsidies better.

Ken McCroary - Yes, you mentioned the team work back then as well and that is one of the things that is really important to is this whole primary care team that we require to manage the increase in complexity and difficulty of the presenting patients these days isn't it?

Karen Booth - Oh, most definitely and I think there is a lot of things that doctors can hand over to nurses or even some practice have community pharmacists who work with them around medication management and so there are some things that the GPs can handover to nurse, things like health coaching and some follow up discussions about how patients are managing at home. I think one, it shares the load, and two, it allows for more input for the patient.

And today at the greater western Sydney a dialogue meeting leadership meeting one of the points mentioned was to have funding that builds adequate time for us to care and to also to build confidence in the patient and I think being able to work as a team helps to do both of those things but I think as it stands at the moment it is currently not adequately funded. I think the other thing for GPs, I have many GPs in my family, is sharing that load. I think helps save your sanity but it also allows you to get straight on to those really key things that the GP can do- decision making, referrals, the diagnostic top end activities and there are others that can manage some of those things that are where that load can be shared.

Ken McCroary - Yes and I think in a way you continue to be one of the unsung heroes in the team don't you because even the nurses I speak to don't actually understand and appreciate the positive stuff they do every day. Their work in primary care, the extra time they can spend to talk with patients and coaching as you call it and trying to instigate lifestyle changes and follow up and then chronic health stuff. That has major, major impacts on the quality of patient's individual care. But it has major, major impacts on the overall health of the community reflected in the admissions, quality of life but also in health funding and so somehow being able to harness this data is something we should all be looking at to reflect on your members at how much we appreciate and how much benefit is in the work they are doing which should hopefully improve their esteem and job effectiveness and job beneficial feelings I don't know what you want to call it but I sometimes find that the nurses don't appreciate how good they are doing for everyone.

Karen Booth - I absolutely see that and some of those points you raised around patient satisfaction and raised around the workforce satisfaction or health professionals. Both groups need to be happy with the care they are getting and the other with the care that they are giving.

And the sense of satisfaction comes when you can form a relationship with the patient you know they are trusting of each other the time and both of those things lead to a better sense of satisfaction from the patient they are being heard and they are getting the care that they need and better satisfaction for whether it be the doctor or nurse or other health professional that they can see the contribution that they make. And in relation to nurses not really understanding I think their contribution I think we are kind of socialised, most health professionals that, and nurses in particular, say you know it's just what you do.

You don't need to make a fuss you don't call out for praises so much. And really some of what I have heard is the exact opposite of that where I am busy shouting in forums about actually this is what the nurse does, and this is how we can help make the system better.

Ken McCroary - Yes, sharing about what we do, I think it is the whole of primary care isn't it, GPs, nurses the misunderstanding at the decision makers about what they actually do, it is really disheartening isn't it?

Karen Booth - It can be and I think you know I have been on health reform committees for the last decade and I can almost see a light at the end of the tunnel. I think each step there has been some small changes but I think we have a chance now to really see change and I think that COVID one of the advantages of that has been that we realise no one discipline can manage everything by themselves. And that if you want to survive whether that be your sanity and your business survive we really need to look at how we work smarter because we are all working really hard at the moment and I think that multi-disciplinary care, sharing the load and of course the other issue is getting access to GPs so to be able to share some of that workload and GPs be able to actually see particularly sick on the day people, acute episodes of care. You know currently we have urban GPs whose books are closed and I know I love my GP to bits but I need to plan two weeks ahead if I want to be sick. So, it really is there is an access issue and we really need to look at how we are going to manage that access to the GPs and who can help me. And it is those people in the practice around you that are there to help and support and of course nurses are one of them.

Ken McCroary - Yes definitely. You mentioned COVID a minute back and that is one of the segues I was planning on or the lines I was going to go down. Practice Nurses and COVID, now that was stressful. How was it for you and your team and your nurses that you represent?

Karen Booth - I would have to say at the beginning it was ugly and when we went into that first lockdown there had been seriously no consultation with PEG body covering the nurses in general practice and we saw nurses having hours cut, some nurses retrenched or sort of laid off and thinking it is the middle of what was then an epidemic, pandemic.

And you know we are having health staff put aside. And nurses were not given access to telehealth items to start with and we lobbied the government very hard as did with the support of the medical colleges to get at least some telephone access item numbers for nurses so that they could do in reach and nurses were there and they had the capabilities and the time to call people at home to make sure that they were ok, make sure they had their medication and for all of those touch points. But then it wasn't really enough, and it then went back to the $12 Item number and some practices were saying oh no we will get the GP to call them because it is worth more for the GP to call them than the Nurse. Whereas the GPs being inundated with sick people and regular care and having to deal with that and then look at following up where the nurse could have done that.

So I think when there is a big system review I want to be at the front of the queue to talk about how that was managed and I think the same with the vaccine roll out. It was and I have to say the audit office report on the vaccine roll out was scathing and Jane Holton's review was not flattering and tomorrow I am going to a launch in the city of a report by the RATSI Foundation an independent review of COVID so and the activities around that and I will be very interested to see how they report their findings.

So I think there are so many things that we could have done better and I was involved with the swine flu roll out so we had a lot of consultation with the swine flu rollout and access to vaccines and people were hesitant about the multi dose vials then but we had protocols that were developed and there was a pandemic influenza plan that was developed after that and in nothing that I saw on the media or in day to day dealings showed that or demonstrated to me that that had been implemented or followed I think the reactive nature of responses to the pandemic were that it could have been managed better.

Ken McCroary - Undoubtedly particularly by support for primary care and your nurses were not even considered frontline health workers, were they?

Karen Booth - No, not at all.

Ken McCroary - So with the COVID pandemic, with the work with vaccinating with all the miss information they were dealing with on a day to day process has burnout been something that has been happening in your profession as well or not?

Karen Booth - Absolutely and I think we do a work health survey every year and I will give that a plug to all of the GPs. The last survey we had something like 4,000 responses and in that the members indicated that about 20-25% are thinking of leaving the workforce within the next five years and certainly considerable number in the next two years. And a lot of them are hanging in there just to support the practices until they find someone. And those figures it certainly mirror the figures coming from the wider tertiary sector through the ANMF have also done a workforce survey and that has reflected too.

And and I saw an even more frightening statistic being the World Health and International Nurses Convention I was at a Director of Nursing Convention at the Gold Coast recently and they are predicting the possibility of losing up to half of the nursing workforce in the next three years. So it really is dire and we really need to look at how do we keep our nurses interested in care, but interest is probably the wrong word probably more protected and inspired to stay in the workplace.

And I think for primary care we saw a lot of leakage as with general practice and also aged care where a lot of the nurses went to the hubs though a number of them went back to actually work in hospitals as well because there were incentives to do that. So, we really need to look to make sure that we don't have any more leakage and then look at how we build that workforce and certainly general practice has a huge role to play there in building the new nursing workforce to support them like they would with medical students or with GP registrar support.

Ken McCroary - Yes, that is one thing too we get funded to train registrars. We get funded to train medical students, but we have nursing student here everyday at the practice as well but somehow, they get neglected by government funding as well don't they.

Karen Booth - Well they do get some funding that comes to their universities and then it is sort of broken down to different sections of the health stream students and then the universities to help manage the program, but yes there should be more equitable funding and certainly encouragement to take students and to take nursing students. Part of the work we are doing at the moment with the universities, APNA during the COVID lockdown in Melbourne when we were looking at having huge numbers of nurses not being able to graduate because they couldn't get their clinic or prac hours, we placed about 400 students sort of close to that in general practices in Victoria during the lockdown and those nurses were able to get there hours up and then proceed towards graduation and we have had a number of universities come to us asking for support or help to place students in general practices or aged care and other primary healthcare settings and very, very inspiringly we are having a large number of practices come to us saying yes, we will take a nurse, we will take students. It is just you know rotates through a couple of times a year, but it is great that the primary care sort of employers and their nurses are recognising it is an investment in future workforce. So, I think that is a really good thing.

Ken McCroary - I was going to ask to about chronic wound management and your role in that?

Karen Booth - It is a very good question. I am aware that there was the MBS review for chronic wound management and I have worked as a nurse and I have done a lot of chronic wound care and I have also been a practice manager so I know the cost of that and again we have a $12 chronic disease item number that some of those people can fit under but it doesn't adequately cover the cost and if you have got a pensioner who can't afford fancy dressings it really is the practice has to toss up whether they are going to provide the supplies that will keep that person out of hospital and bulk bill them or whether they have to build in a charge for that care.

And I think what my organisation would like to see is particularly for people with chronic wounds is to look at how do we fund that? How do we fund the supplies? How do we fund those dressings and that care like we would a chronic disease. I sort of care longitude and all be able to get them the best supplies we can and the beauty of being able to manage that through primary care like general practice is that it keeps those people away from the hospital and they come to somewhere they know, somewhere they trust, somewhere close to home and they are more likely to come back at a level of frequency that they need for there dressing changes and then we can conserve those home visits for people who really can't get out of home for there care and refer those through to the community nurse to do that activity.

Ken McCroary - Yes, sensible planning but hopefully it comes to fruition moving forward. Now you did mention when we were talking earlier about the leadership meetings you were at today and other times are you able to share a little bit about your journey into health leadership?

Karen Booth - That is a good question. I suppose I am an eldest child and so eldest of 8 and so you know I was used to going 'no you do that', you make sure that you do your chores and then kind of graduated up for there. Some of it is probably adventure verse misadventure and I think being able to talk up when I thought something wasn't quite right or that actually is missed this point and start doing that in sort of meetings was a good thing and then I had worked with doing lecture work for GP NSW and I have been out to the GP network when it was out at Campbelltown way and then the Medicare Local and then haven't been out to your PHN yet but I do a lot of kind of lectures for different PHNs or for different peak agencies and it has kind of come about that way.

Ken McCroary - What would you also say is your secret to staying healthy and passionate about your role now?

Karen Booth - Good question, I think that what I do gives me a great sense of professional satisfaction and that you know nurses on the whole are a timid bunch but to make sure they are not left behind and I see that as an important issue.

And I see the advantages to patient care that nurses can make in the community and to be able to champion that role again gives me a sense of professional satisfaction and to bring others along on the journey and to train the next round of leaders coming up I think I see as my key role before I head off to you know retire in Paris at some point.

Ken McCroary - That is a real leader though isn't it. It is someone who spends their time training people to replace them because they know that they are not indispensable isn't it?

Karen Booth - Yes absolutely and you can see the confidence, people's confidence develop and I remember going to a leadership forum where the leadership coach said 'it's ok to train people in leadership but what they need is to have the knowledge and then so that they can build the confidence in what they are talking about and then once they have that it actually helps them to look at how they can lead'. And I think that certainly my organisation looks at developing skills in nurses certainly around clinical content and then look at confidence building in some representation activities and then hopefully that is a grooming pathway for leadership for the nurses.

Ken McCroary - Yes, and speaking of representation I am well aware you're an integral part of Mr Butler's current Medicare committee review. How do you hold thoughts for the future, optimism? Pessimism? What are you feeling?

Karen Booth - I think if I gauge the feeling in the room, and all of those in the room, it is hopeful, and I probably haven't seen that level of hope for some time and I think the group feels as though their concerns are being heard and the information they are supplying is being heard and that there is a chance for change. And as I said, if you talk to doctors and nurses and other health professionals in general, and even the consumer groups, there is an appetite for change. We know if we keep doing what we are doing we are not going to get anywhere and in fact we will probably go backwards so we really need to look at what do we need to do too. As I said earlier, work smarter not harder because we are all working harder so yes I think hope is how I would summarise the feeling in the room for those meetings.

Ken McCroary - Yes, it is a double edge sword though, isn't it? Like in times of desperation like this hope is really all we have.

Karen Booth - Well maybe optimism is another word.

Ken McCroary - ok, alright.

Karen Booth - Certainly, more optimistic than previously.

Ken McCroary - Well hopefully your optimistic thoughts come to some fruition, with people like you working on our behalf and the behalf of the nurses in primary care and the rest of the team it certainly reassuring, and we are certainly grateful for that . Thank you so much for spending time with me today I really appreciate it, appreciate the time talking about an integral member of our team someone like us who working together to work towards shared patient goals and outcomes for the community so yes thanks so much Karen, I really appreciate it.

Karen Booth - A pleasure

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