

31<sup>st</sup> January 2011

Dear Sir/Madam

I am responding on behalf of the Australian College of Children and Young People's Nurses. Thank you for the opportunity to comment on the proposed changes.

### **Optimal Practice Models**

ACCYPN would encourage the government to think beyond General Practice to Specialist models and include all health professionals who have a Medicare provider number in this initiative of modernizing Medicare by providing rebates for online consultations (Nurse practitioners, midwives, allied health and health workers)

The use of technology to

1. Improve access and
  2. Improve efficiency is essential if we are to manage the increasing demand
- The situation outlined is supported – GP to specialist. It is not essential to have the GP present as is demonstrated by current models now in mental health in the public sector. The referral is made the client attends a health facility and the online consultation occurs. It does require some assistance for the first time at least to ensure the patient is connected to the specialist.
  - An area not included in the issues paper is in home monitoring that can be monitored by a nurse, health worker or general practitioner and can reduce the number of GP visits and hospital inpatient admissions for patients with chronic disease( for both children and adults) and hence reduce the demand on specialist outpatients. Studies in the UK have maintained workloads but increased caseloads by the use of in home monitoring. The monitoring equipment uses telephone or computer for transmission of data to the health care provider. The use of phones, video phones or online telecommunication is much more readily available and patients do not have to leave home as opposed to going to a health facility or general practice to use video conference equipment. There is no reason why the specialist consult could not be conducted using the above if the condition could be adequately assessed with the quality of video link. The use of this type of health care delivery will not increase unless it is remunerated.
  - The use of webinar technology also needs to be considered. The client could stay at home and still have a health consult with a number of professionals.

### **Optimal Specialties**

In pediatrics, video conferencing consultations are already used in the public sector in diabetes, respiratory post burns monitoring and mental health.

There is limited virtual home monitoring in either the public or private sector as it is not remunerated.

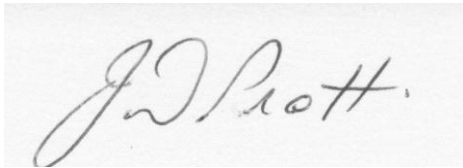
## **Remuneration**

The use of tele home monitoring to minimize GP and specialist visits needs to be remunerated as does the videoconference GP to specialist. The use of other practitioners such as nurses, midwives, allied health and health workers can work within this model but there needs to be remuneration for the practice.

## **Training Issues**

The use of pod-casts as a training delivery strategy would allow busy professionals to access the training at a time suitable to them

Thank you for the opportunity to comment.  
Kind Regards

A handwritten signature in cursive script that reads "J. Pratt". The signature is written in dark ink on a light-colored background.

Dr Jan Pratt

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