

PNIP and cervical screening

This information sheet explains the rationale for and practicalities of nurses performing **cervical screening** following the introduction of the Practice Nurse Incentive Program (PNIP).

PNIP—quick overview

The PNIP was introduced on 1 January 2012, to support the expanded and enhanced roles for nurses and/or Aboriginal Health Workers in general practices, Aboriginal Medical and Aboriginal Community Controlled Health Services. The PNIP *simplifies* the previous funding arrangement by offering practices a single quarterly payment to cover the diversity of activities nurses perform, including pap smears. Nursing roles are therefore no longer determined by specific Medicare item numbers but can now be determined by clinical need. The PNIP funds *all** services nurses perform and offers greater opportunities for nurses to further develop their role in general practice.

Pap smear provision is one important role nurses can be educated to competently perform. The PNIP funds nurses to continue to offer this service to women.

Nurses and pap smears—the evidence

Some important facts to consider:

- current national guidelines recommend that *all* women aged 18–69 years who have ever been sexually active have a pap test every two years¹
- the number of cancer cases diagnosed in Australia from 2007 is estimated to rise 40 per cent by 2020—cervical cancer is the twelfth most common cancer diagnosed in females and accounts for about 17 per cent of all gynaecological cancers²
- in Victoria 62.3 per cent of pap tests are collected in general practice. Of these, 38.3 per cent of pap tests performed by nurses are for women over 50 years of age compared to 31.5 per cent of other cervical screening providers³.
- in Victoria nurses collected 5.5 per cent of all pap tests in 2011 and recorded a higher technically satisfactory result (76.9 per cent compared to 74.1 per cent from other providers)³
- in 2007–08 the national participation rate in cervical screening for women in the target age group 20–69 years was only 61.2 per cent⁴
- the number and proportion of pap smears collected by nurses has increased more than five times, with nurses collecting a higher proportion of tests from under-screened women³.
- many women prefer their pap smear be performed by a woman^{5,6,7}—testing by a male provider has been identified as being a significant barrier to women not presenting for screening^{5,6}.

PNIP and pap smears

PNIP funding is allocated according to nursing hours and a practice's Standardised Whole Patient Equivalent (SWPE) value which allows practices to further develop nurse pap provider services, nurse's professional development in this area, and creates opportunities to develop nurse clinics such as well women's clinics. This benefits the practice as a whole in meeting community needs, decreasing GP workload and increasing capacity and income for the practice.

The PNIP simplifies funding arrangements by removing the administrative burden of individual billing as income previously generated through Medicare is now paid in a quarterly block payment through PNIP and this payment covers *all** nursing activities. This is important given that most clinical activities nurses perform have not been reimbursed by Medicare in the past⁸.

For practices that are not eligible for the PNIP (i.e. not accredited as a general practice), 'grandparenting' payments are available to compensate those practices for any loss of income previously generated through MBS item numbers. Applications for grandparenting payments closed on 30 June 2012.

* Note a few MBS items remain—see the *Before and After the Practice Nurse Incentive Program* document.

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Cervical screening billing options

Recognising that PNIP funding covers the cost of nurses performing cervical screening, options 1 and 2 below recommend that practices pass no charge onto patients when it comes to nurses providing these services:

Option 1 Nurses continue to deliver pap smears autonomously, particularly to under-screened women as well as deliver other health promotion messages (lifestyle, breast health, SNAP). This acknowledges that PNIP funding will cover the cost of nurses performing routine pap smears.

Option 2 For consultations where the last pap smear was longer than four years nurses continue to deliver pap tests and the GP consults with the patient at the conclusion of the test. The women are billed a short consultation, such as a level 'A' type #2497. This will trigger the SIP payment. Care must be taken to ensure that both providers document notes in the patient file. Although there is nothing to prevent a practice nurse from assisting a GP who provides a Pap smear service, if the practice nurse provides the Pap smear service then the time taken by the practice nurse cannot be included in the time taken by the GP to provide the general practitioner's consultation. This is also the case for practice nurse activities such as immunisation and wound management. In relation to GP attendance items, the requirements stipulated in the MBS would need to be met.

Option 3 The practice charges a fee for a nurse consultation in accordance with the practice's billing policies.

THE KEY POINTS

- Nurse pap smear providers perform high quality pap smears competently.
- Nurses offer a choice to women and increase women's access to female providers; particularly in environments where there may be a high percentage of male GPs.
- The removal of MBS item numbers 10994, 10995, 10998 and 10999 does not imply that delivery of these services by nurses is no longer considered valuable. The PNIP provides nurses and practices the freedom to determine clinical roles according to practice population needs such as targeting under-screened women.
- PNIP provides the practice with the opportunity to work 'smarter' by utilising each health professional's skills and allocating time appropriately.
- PNIP reduces the amount of administration time spent on billing and recognises that all nursing activities require funding.
- The majority of practices are expected to be better off under the PNIP.
- Appropriate use of GP / nurse time increases patient's access to health care, reduces waiting times and improves the quality of care delivered.

References

- 1 Department of Health and Ageing, National Cervical Screening Program <www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/cervical-about>.
- 2 Australian Institute of Health and Welfare 2012, 'Cancer incidence projections: Australia, 2011 to 2020', *Cancer Series* no. 66, cat no. CAN 62, Canberra.
- 3 The Victorian Cervical Cytology Registry Evaluation of Pap tests collected by nurses in Victoria during 2011: Victorian Cervical Cytology Registry <www.vccr.org/downloads/VCCR_Nurses_report_2011.pdf>.
- 4 Department of Health and Ageing, National Cervical Screening Program <www.health.gov.au/internet/screening/publishing.nsf/Content/facts>, accessed 20 March 2012.
- 5 Giris A, Bonevski B, Perkins J & Sanson-Fisher R 1999, 'Self-reported cervical screening practices and beliefs of women from urban, rural and remote regions' *Journal of Obstetrics and Gynaecology*, vol. 19, no. 2, p172-9.
- 6 Walsh J 2006, 'The impact of knowledge, perceived barriers and perceptions of risk on attendance for a routine cervical smear', *The European Journal of Contraception and Reproductive Health Care*, vol. 11, no. 4, p291-6.
- 7 Nagal C & Walker L 2010, 'Well women in general practice' in Walker L, Patterson E, Wong W & Young D, *General Practice Nursing*, McGraw Hill, Sydney
- 8 Pearce C, Phillips C, Hall S, Sibbald B, Porritt J, Yates R, Dwan K & Klijakovic M 2011, *Following the funding trail: Financing, nurses and teamwork in Australian general practice* BMC Health Services Research 11:38.