

# Case in point

## Primary care nursing in practice

### All roads lead to primary healthcare

***After 30 years of nursing, Alison Logan is constantly amazed by the range of opportunities that her chosen career has afforded her – hospital nurse, paediatric nurse, midwife, district nurse, aged-care nurse, practice nurse and, for the last 2 years, Senior Chronic Disease Care Coordinator for the Western NSW Medicare Local. She leads a team of ten care coordinators across the Bathurst and Orange regions in ensuring that indigenous patients with complex health requirements receive essential care.***



Alison Logan and Catherine Stewart

While working as a practice nurse, Alison forged close ties with her current employer's predecessor, the NSW Central West Division of General Practice. This association eventually led Alison to join a new government initiative, Closing the Gap – Care Coordination and Supplementary Services Program, which aimed to increase the life expectancy of Aboriginal Australians. 'The overwhelming nature of chronic illnesses – healthcare appointments, medications, lifestyle modifications, disease complications – can be multiplied many times over for many Aboriginal patients,' explains Alison.

'Issues such as illiteracy, shyness, low self-esteem, low socio-economic status and unfamiliarity with the healthcare system compound an already daunting situation. Rather than let these patients fall through the cracks, Closing the Gap ensures that they access appropriate medical and allied health services.'

***"... nursing in the primary care setting will open the door to a multitude of career options ..."***

The program aligns with the current directive towards preventative care in the community setting, says Alison. 'Like in the rest of the country, the prevalence of chronic illnesses within the indigenous population is ever growing. Acute complications place a huge strain on the nation's hospital resources – it's vital that we reduce the number of unplanned and avoidable admissions. The program subscribes to the multidisciplinary model of primary healthcare, which is the way of the future.'

A two-pronged approach is used to support patients, with the intention that they eventually become independent, Alison says. 'Care coordinators deliver education not only about the disease itself, but also about basic life skills that you or I might take for granted. This can include teaching patients how to make appointments, and even accompanying them, right through to arranging transport and accommodation for appointments some distance away. We also offer financial aid in addition to the standard Medicare benefits.'

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Local GP Dr Catherine Stewart works closely with Alison as a mentor, as a committee member and as a source of referrals. Catherine says that Alison has taken the role beyond that of individual case management to a point where she proactively expands the scope of the program to match patient needs. 'With her extensive nursing background, Alison is ideally placed to identify how patient outcomes can be improved. She recently set up diabetes and dental clinics and also negotiated a reduction in the fees charged by local ophthalmologists.'

### **A coordinated approach to indigenous healthcare**

Patients come from a multitude of sources, although official referral to the program must be made by a GP, says Alison. 'I'll travel to the practice to conduct an initial Aboriginal health check. Patients automatically feel more comfortable because it's familiar territory and I can also access their medical history. In conjunction with the GP, I then prepare a chronic disease management care plan.'

Alison says that being sensitive to cultural issues and seeking patient input around the treatment goals they perceive to be most important are crucial to successful engagement. 'It also helps that we are not under any time constraints like GPs and, to a lesser extent, nurses within the practice – I might spend half a day trying to find accommodation for a patient.'

**"... the very nature of this role means that I'm continually gaining new knowledge and strengthening my problem-solving expertise"**

Limited time and resources mean that GPs are unable to follow up with patients in the same way that Alison and her team of care coordinators can, Catherine says. 'Having someone ensure that my patients make and attend appointments or take their medication is a big relief. Affordability also becomes much less of an issue. The care coordinators are significant contributors to improved health outcomes for Aboriginal Australians.' She adds that GPs also benefit financially from the management plans that are prepared at the practice by the coordinators.

With responsibilities that extend across all primary healthcare areas, not just general practice, Alison appreciates being able to draw from her considerable nursing experience. 'It's great that all the skills that I've developed throughout my career are relevant to my current position. And the very nature of this role means that I'm continually gaining new knowledge and strengthening my problem-solving expertise.'

However, being a care coordinator comes with its own set of challenges, says Alison. 'It's unbelievably rewarding to help indigenous patients become self-dependent, but it can be difficult to switch off. Care coordinators are encouraged to have a clinical supervisor so I meet with Catherine monthly to talk through any difficult cases. Having an understanding manager is also imperative.'

More emphasis needs to be placed on community healthcare as part of the syllabus delivered to nursing students, Alison says. 'This is going to be the focus for the foreseeable future so it's important to understand that nursing in the primary care setting will open the door to a multitude of career options – all you need to do is have an open mind.'

### ***Closing the Gap for indigenous patients***

Nurses working as care coordinators can:

- Collaborate with healthcare teams in general practice
- Educate patients about their chronic health condition
- Advise patients about the importance of following planned care
- Help ensure that patients access healthcare services

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