



HEALTHCARE MANAGEMENT ADVISORS

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**Department of Health and Ageing**

**Evaluation of the Mental Health: More  
Options, Better Services Initiative**

**PROJECT OVERVIEW**

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## Introduction

The Department of Health and Ageing (DoHA) has engaged Healthcare Management Advisors to undertake the:

*“Evaluation of the Mental Health: More Options, Better Services Initiative”*

### 1.1 OBJECTIVES

In line with the Project Brief, HMA is required to analyse data and consult with stakeholders to establish the *appropriateness*, *effectiveness* and *efficiency* of the components of the Better Outcomes in Mental Health Care (BOIMHC) Initiative.

#### *Is the Initiative appropriate?*

The evaluation will describe the community need and/or objectives identified and agreed by the Government at the time of the program’s initiation and establish:

- the extent to which the program is currently consistent with Government priorities (provide evidence of the Government’s initial and any recent announcements);
- the nature and extent of any continuing community need or problem that needs to be addressed;
- alternative strategies available to address the need or problem, and any implications for future delivery of the program; and
- the likely consequences of not addressing the need or problem.

Identify any related or similar State/Territory government programs and establish:

- the extent to which the identified community need is addressed by the State/Territory government programs;
- the degree of any overlap between the Commonwealth and State/Territory programs; and
- the potential for integrating or aligning the Commonwealth and State/Territory programs.

Also, the evaluation will comment on, amongst other issues, the appropriateness of:

- the design of the Initiative;
- the remuneration, education and training, and support for GPs provided under the Initiative;
- the extent to which the program has been able to meet special needs within the community, such as the needs of Aboriginal and Torres Strait Islander people; and
- the administrative impact of the Initiative on GPs, in the context of the work of the Red Tape Taskforce.

#### *Is the Initiative effective?*

The evaluation will address:

- the program’s achievements;

- the extent to which the program achieved desired impacts (outcomes) for the community (whether the program addresses the need or problem);
- any unintended consequences (positive or negative); and
- linkages between the lapsing program and other programs both within and outside the portfolio and, in particular, the related initiatives available for the management of asthma, diabetes and cervical cancer. These are also being evaluated in 2004.

Also, the evaluation will comment on, amongst other issues, the effectiveness of the approach taken to implementation of the Initiative.

### *Is the Initiative efficient?*

The evaluation will provide evidence of the program's efficiency, namely:

- the extent to which departmental and program inputs have been minimised, or outputs maximised, in achieving the program's intended products and services;
- whether there has been optimal take-up of various components of the Initiative;
- the impact of the program on costs borne by the community, clients and other governments;
- trends over time in the ratio of administrative to program costs; and
- instances where there have been delays in implementation of the program.

The evaluation will also consider the efficiency of the Allied Health Services Projects by commenting on:

- whether or not the Projects have been an efficient way for GPs to obtain support from allied health professionals;
- whether or not some Project models are more efficient in terms of unit costs of service delivery, taking into account what can be implemented in different locations; and
- the Project models that have been able to optimise service delivery as proportion of total budget.

In addition, specific issues that will be considered include:

- the extent to which Practice Incentive Program (PIP) incentives have been received, utilised and affected GPs management of patients with mental health problems;
- the extent to which the administrative arrangements are simple, well targeted and supplement fee-for-service remuneration arrangements; and
- whether there are opportunities for rationalisation or integration of PIP incentive payments and EPC MBS items.

## **1.2 PROJECT REQUIREMENTS**

In undertaking the Project, HMA will complete three stages of work, namely:

1. Preliminary Report (end of Phase 1) which includes:
  - a Project Plan;
  - stakeholder management plan;
  - situation analysis paper;
  - initiative evaluation framework; and

- key indicators.
2. Interim Report (end of Phase 2) which includes
    - quantitative data and analysis of initial performance against key indicators and performance criteria; and
    - summary of stakeholder assessment of the Initiative's performance against key indicators and criteria.
  3. Final Report (end of Phase 2) which includes:
    - summary of additional stakeholder assessment of the Initiative's performance against key indicators and criteria;
    - ten case study reports plus 8 additional Access to Allied Health Services Project reports;
    - summary report on case studies; and
    - draft Final Report covering the appropriateness, effectiveness and efficiency of the Initiative will be provided to the Department for comments/feedback prior to submitting the Final Report.

The draft Final Report must include:

- an executive summary;
- key findings of the evaluation; and
- conclusions from the evaluation.

### 1.3 TIMEFRAMES

HMA is required to submit:

- the Preliminary Report two weeks after signing the contract, containing the following:
  - key indicators; and
  - stakeholder management plan;
- the Interim Report and summary by 9<sup>th</sup> July 2004; and
- the Final Report including recommendations and summary 3rd September 2004.

# 2

## Summary of methodology

The methodology being applied to the evaluation incorporates ten stages, namely:

- (1) **Detailed project planning:** The objective of this stage is to initiate the project through the development of a clear understanding between the client and the consultant on what will be done, how it will be done, who will do it, and in what timeframe. This understanding will be reflected in a detailed project plan and stakeholder management strategy.
- (2) **Situation analysis:** The objective of this stage is to develop an understanding of each component of the BOiMHC initiative. We will prepare a comprehensive overview of the key activities that have occurred so far.
- (3) **Evaluation framework:** The objective of this stage is to develop a detailed evaluation framework. The framework will set out the criteria for determining achievement of objectives of the BOiMHC initiative, as well as the objectives for each component. It will also include the specific measures that will be used to assess questions under each criterion of the Department of Finance and Administration (DoFA) evaluation framework.
- (4) **Prepare a preliminary report.** The project brief requires the consultants to prepare a preliminary report two weeks after signing the contract containing details of key indicators that will be analysed and a stakeholder management plan. The objective of this stage is to prepare that preliminary report.
- (5) **Analyse quantitative key indicator data.** The objective of this stage is to analyse quantitative data on the BOiMHC initiative, concentrating on the key indicators required for preparation of the interim report. We will rely primarily on HIC and program administrative data for this component of the project.
- (6) **Initial stakeholder consultation.** In this stage we will undertake formal face-to-face and/or telephone consultations with key stakeholders identified in the program planning phase, concentrating on members of the Better Outcomes Implementation Advisory Group.
- (7) **Prepare interim evaluation report.** The objective of this stage is to prepare the interim evaluation report according to the agreed evaluation framework, by 9 July 2004, as stipulated in the tender brief.

- (8) **Additional stakeholder consultations.** In this stage we will undertake formal face-to-face and/or telephone consultations with other key stakeholders where consultation is still required. These will include:
- peak mental health consumer advisory group organisations in each State/Territory;
  - State/Territory Divisions of General Practice Development and Liaison officers; and
  - representatives of State and Territory mental health programs.
- (9) **Conduct case studies.** In this stage we will undertake detailed examination of the BOiMHC service delivery **at the ten case study sites**, as well as conduct a survey of GPs and Psychiatrists operating within each of the ten Divisions that were previously selected and agreed to participate. **At each site** we will have separate meetings with Divisional staff, service providers and consumers. We will also undertake additional visits to a further eight *Access to Allied Health Services* project sites.
- (10) **Prepare final evaluation assessment.** The objective of this stage of the project is to complete the final evaluation project report. We propose to do this in such a way as to ensure that we have identified comprehensively the key success factors for each component of the BOiMHC initiative, barriers to success and strategies to overcome these barriers.

## Opportunities for input

The timeline for the evaluation, volume of data to be accessed and analysed, and the scope of formal consultations limit the capacity of the Project Team to receive input outside the formal consultation process. Stakeholder groups to be included within formal consultations include:

- Department of Health and Ageing;
- member organisations of the Better Outcomes Implementation Advisory Group
  - beyondblue
  - Royal Australian and New Zealand College of Psychiatrists (RANZCP)
  - Rural Doctors Association of Australia
  - Australian Psychological Society (APS)
  - Australian Divisions of General Practice (ADGP)
  - Australian Medical Association (AMA)
  - General Practice Mental Health Standards Collaboration (GPMHSC)
  - Mental Health Council of Australia (MHCA)
  - Royal Australian College of General Practitioners (RACGP)
- other organisations represented on the Better Outcomes Evaluation Working Group that are not represented on the Advisory Group (Flinders University);
- representatives of State Based Organisations responsible for managing components of the initiative;
- State and Territory department program areas responsible for managing mental health services.

Issues upon which we seek input are:

- (1) Satisfaction with the process for funding GPs to participate in the Initiative and potential alternative approaches.
- (2) Views regarding the content and provision of training.
- (3) Views regarding the operation and impact of Access to Allied Health Services.
- (4) The success, or otherwise, of the initiative in enhancing linkages between professionals (GPs, psychiatrists, allied health providers).
- (5) Opportunities for improving the Initiative.

In the course of case studies we will be seeking advice from GPs, Divisions, allied health professionals and consumers. However, should individuals wish to provide specific advice there is capacity to receive and consider advice provided by e-mail or facsimile.

E-mails can be sent to either Stuart Riley or Dave Menting at:

[stuartriley@hma.com.au](mailto:stuartriley@hma.com.au) or [davementing@hma.com.au](mailto:davementing@hma.com.au)

Facsimiles can be sent to (08)8150 5599.

