Improving access to evidence-based mental health care: General practitioners and allied health professionals collaborate

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Program Evaluation Unit
School of Population Health
The University of Melbourne

Evaluation Team:
Dr Jane Pirkis
Dr Fay Kohn
Ms Belinda Morley

Access to allied health evaluation: Role of PEU

- Database to aggregate data nationally
- Provide evaluation support to AAHS projects
  - National evaluation requirements
  - Local evaluations within context of overall framework
    - Website: http://www.ahpilots.strategicdata.com.au/
    - Central email: ahpilots@strategicdata.com.au
- Synthesis of information from local evaluations and the minimum dataset

Background

- The burden of mental illness in Australia is high, ranked behind only heart disease and cancer.
- This burden persists largely because many people with high prevalence disorders receive no treatment or ineffective treatment.
- DGPs are conducting projects through which appropriately-trained GPs refer consumers to allied health professionals (AHPs).
- AHPs deliver evidence-based, focused psychological strategies to consumers with high prevalence disorders, who would otherwise experience difficulties in accessing care.
- Care is delivered in six sessions, with a further six sessions being available following a review by the GP.

AAHS Project Funding Rounds
69 projects have reached the point of service delivery
Round 1:
15 pilot projects - June and August 2002
14 supplementary projects - January and March 2003
Round 2:
40 additional projects received funding after July 2003
Round 3:
Will shortly see the commencement of 33 new projects

Evaluation Report

- Synthesises evaluation evidence from the Round 1 projects
- Aims to answer the following evaluation questions:
  - What models of service delivery are being used?
  - What is the level of uptake?
  - Who is accessing services?
  - What services are consumers receiving?
  - What are the advantages and disadvantages?

Method

- The evaluation draws on information from two sources:
- *Local evaluation reports:*
  - Projects are required to submit annual local evaluation reports to the DoHA.
  - As at 30 June 2004, 10 pilot (66%) and 13 supplementary projects (93%) had submitted reports.
- *A purpose-designed minimum dataset:*
  - Collects de-identified information on the socio-demographic and clinical characteristics of people accessing the projects, and the services they are receiving.
  - As at 31 May 2004, 13 pilot projects (87%) and nine supplementary projects (64%) had submitted data.

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National report from round one projects

Models of service delivery

- Round one projects operating under a range of models
- Models differ in terms of:
  - Referral mechanisms
  - Means of retaining allied health professionals
  - Location of allied health professionals

Referral mechanisms

- Simplest model:
  - Division distributes vouchers to participating GPs
  - GP gives voucher to consumer
  - Consumer uses voucher to visit AHP
  - AHP redeems voucher for payment from the Division
- Register of AHPs
- More complex models:
  - Involve the Division or a third party agency acting as a broker

- Directly employed by the Division
- Retained on contract

Location of allied health professionals

- Provided in rooms at GPs' practices
- Health professional's own practices, or
- At a third location

Level of uptake

- The Round 1 projects have involved between 710 and 926 GPs and between 160 and 229 AHPs (primarily psychologists).
- Between 3,476 and 3,656 consumers have accessed mental health care.
- Average number of referrals available to any given GP is three to five

Level of Uptake

		Round 1 Projects	
		MDS	Reports
GPs		710	926
AHPs	**Psychologists**	N/A	179
	Social workers	N/A	8
	OTs	N/A	7
	Psych nurses	N/A	11
	Not reported	N/A	24
	Total	160	229
Consumers		3,476	3,656

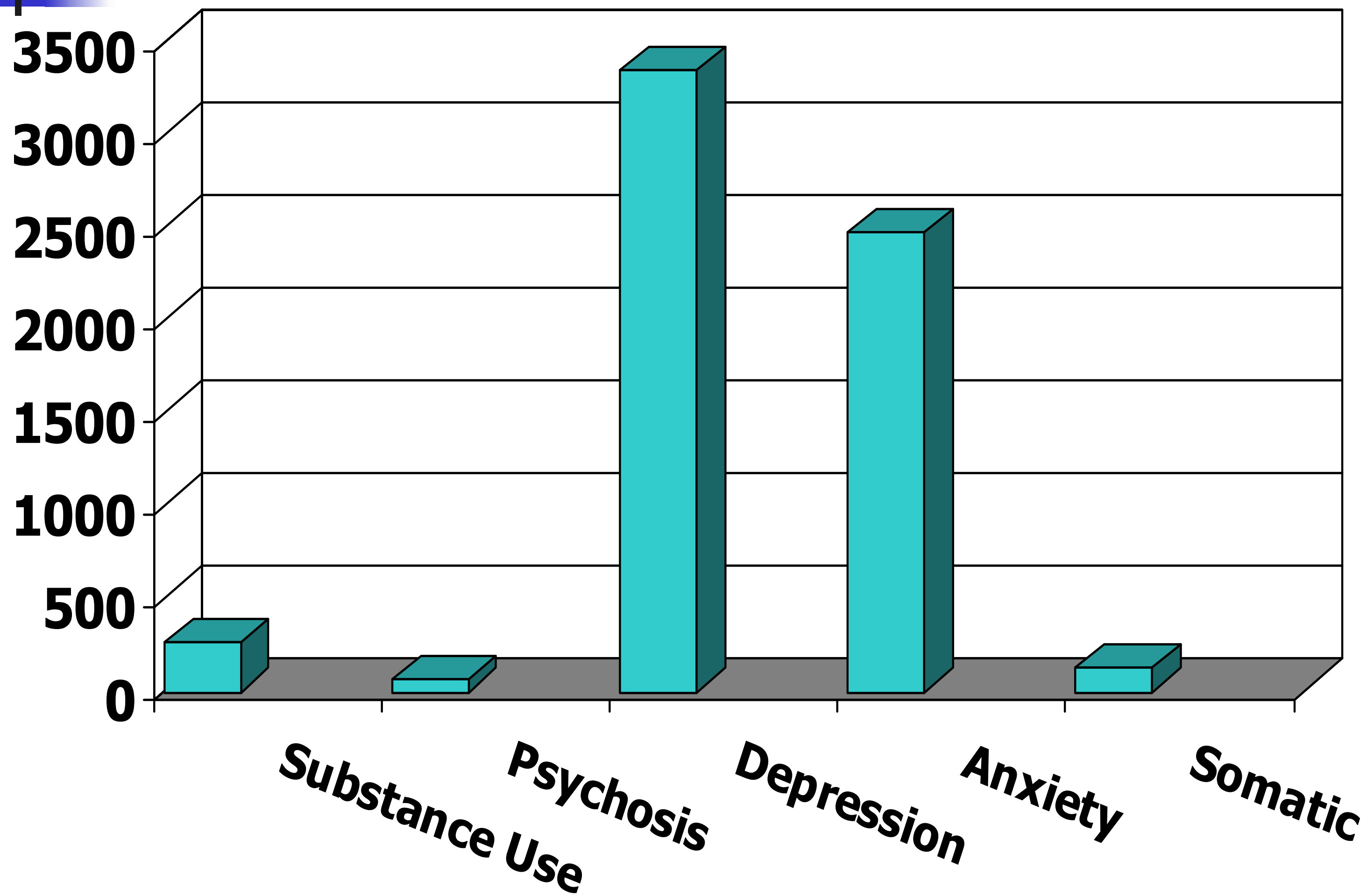
Who is accessing services?

- Sociodemographic characteristics:
  - Broad age range 6 to 9 years (Mean = 40 years)
  - Predominantly female (73%)
  - Tend to be of low socio-economic status (57% are low income earners and 56% have less than Year 12 education).
  - The majority (87%) speak English at home
  - Variety of other languages spoken
  - Small proportion is of Aboriginal or Torres Strait Islander descent (2%).

Who is accessing services?

- Clinical characteristics:
  - Most are diagnosed with depression (77%) and/or anxiety disorders (55%)
  - About half are taking psychotropic medication (48%)
  - 40% have no history of specialist mental health care.
  - Referred for:
    - Diagnostic assessment (62%)
    - Cognitive interventions (59%)
    - Other cognitive behavioural therapies such as behavioural interventions (44%) and relaxation strategies (31%)

ICD-10 Diagnosis



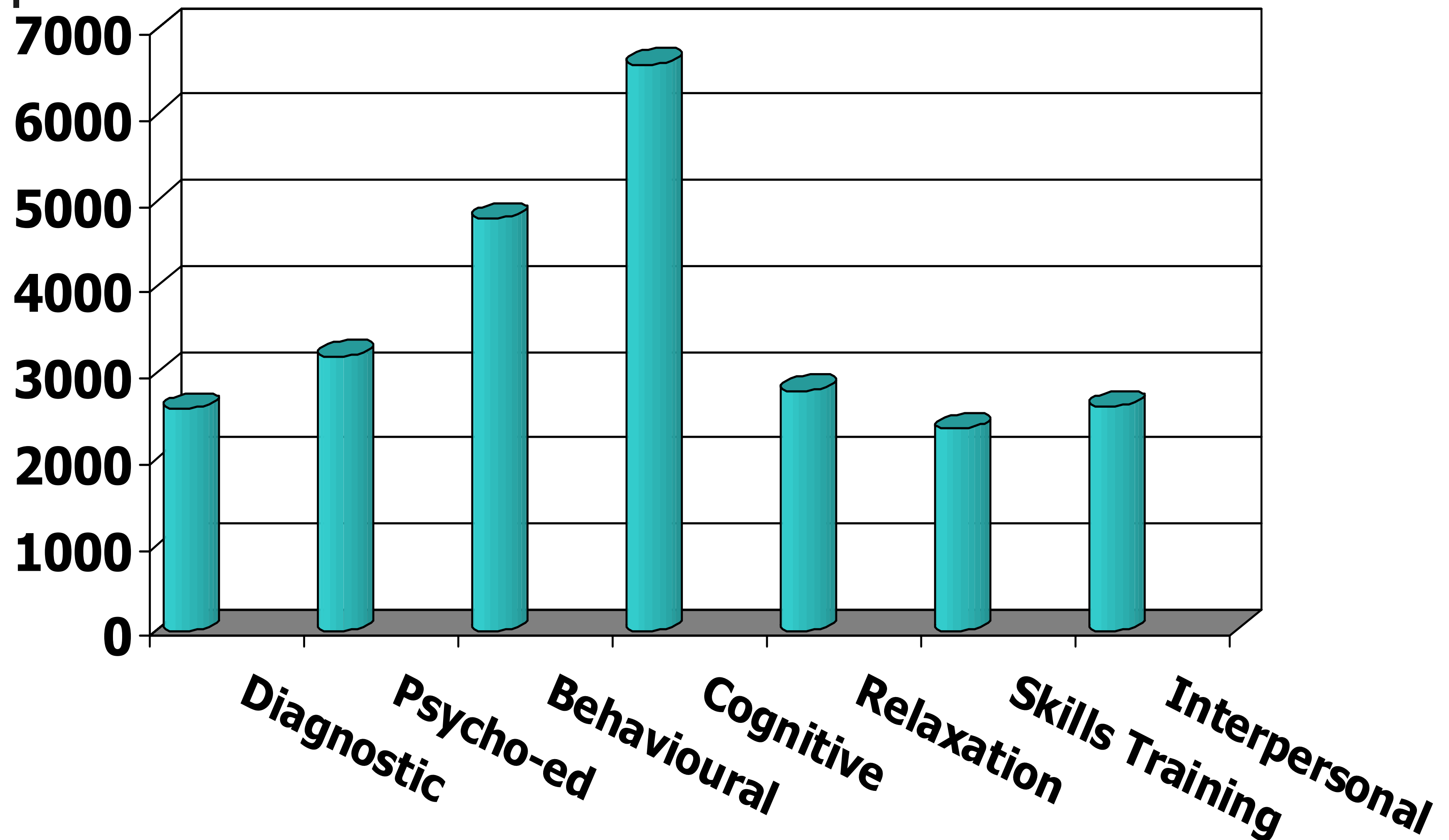
Medication

2500
2000
1500
1000
500
0

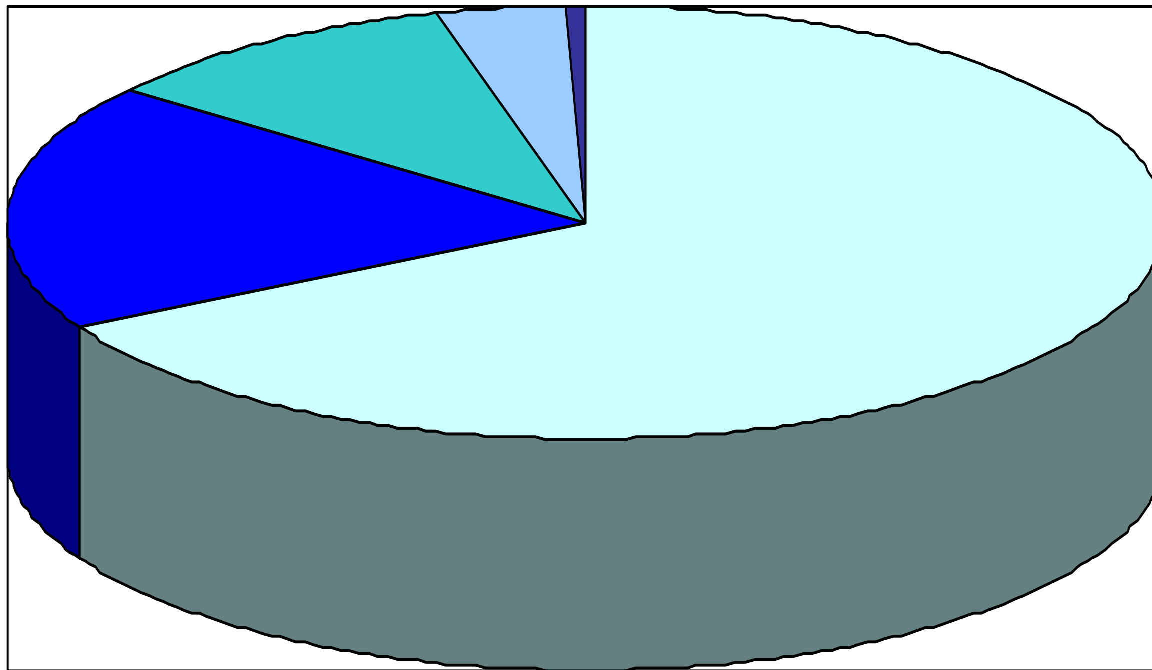
Benzodiazepines
Antidepressants
Phenothiazines
Mood stabilisers

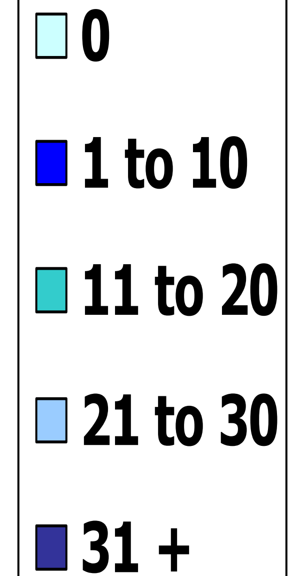
- Sessions of therapy received by 31 May 2004 in the Round 1 projects was 8,678 (a mean of 2.5 per consumer).
- Sessions:
  - Around an hour in length (71%)
  - Involve individual treatment (99%)
  - CBT-based cognitive and behavioural interventions (55% and 41%, respectively)
  - 76% of sessions, consumers are not required to contribute to the cost of care
  - Others are asked to make a co-payment: usually not >$10.

Evidence-based treatment



Co-payment amount





Benefits reported from the projects

- GPs
  - Improved collaboration with AHPs
  - New skills and knowledge
  - A structured approach
  - New referral options
- AHPs
  - Improved relationships with GPs
  - An increased referral base
  - Clinical supervision and professional support

Benefits reported from the projects

- Consumers
  - Access to high quality, affordable care
  - Increased satisfaction with care
  - Improved outcomes of care

Barriers reported from the projects

- GPs
  - Benefits of participation may not outweigh potential costs
  - Confusion about how the projects operate
  - Perceived lack of flexibility
  - Limited referral capacity
  - Payment issues
  - Impact on caseload

Barriers reported from the projects

- AHPs
  - Location issues
  - Payment issues
  - Distance
  - Travel time
  - Lack of decision-making power

- Consumers
  - Referral issues
  - Location issues

Comments from evaluation reports

- *‘This is great as it allows some of my patients to access care that they would otherwise not be able to afford.’* [GP]
- *‘[the initiative has] … legitimated the relationship between social workers, psychologists and GPs. It has formalized the relationship, built bridges, enabled a more holistic approach and been very valuable.’* [AHP]
- *‘[Participating consumers were] happy, expressed gratitude, felt valued, were positive about the experience, have felt empowered, reported positive outcomes and were grateful for being able to access services for little or no money.’* [Divisional representative]
- *‘Only being able to refer a few people is an enormous stress and it would be better not having a service at all.’* [GP]

Conclusions

- The models utilised in the Access to Allied Health Services projects have evolved over time.
- The projects have achieved a high level of participation by GPs and AHPs, and reached a significant number of consumers.
- There is evidence that the projects are reaching the consumers that they are targeting.
  - They are focusing on people with the high prevalence disorders.
  - They are meeting a need for people for whom prior access may have been problematic, perhaps because of financial barriers.
  - They are addressing language and cultural barriers, although there may be room for increased efforts in this regard.

Conclusions

- There is also evidence that the projects are being delivered in the way they were intended.
  - Participating AHPs are providing high quality, evidence-based mental health care
  - Provided at minimal or no cost through a series of structured sessions, and qualitative reports suggest that consumers are benefiting.
- GPs, AHPs and consumers are positive about the projects.
- Some practical and professional issues that need to be addressed. (e.g., solutions must be sought to the limited number of referrals available to any given GP).

Limitations

- Local evaluation reports varied in terms of the nature and quality of information collected & not available for all projects.
- Minimum dataset was more consistent, but several projects were not represented and there was greater completion of some fields than others.
- Some discrepancies between the local evaluation reports and the minimum dataset in terms of the uptake figures.
- Both data sources are likely to present conservative estimates of the overall level of uptake
- Largely limited to a focus on the structures and processes underpinning the projects.
- Consumer-level outcome data not collected.
- Cost data not collected.

Overall

- Access to Allied Health Services projects are improving access to evidence-based, non-pharmacological therapies.
- The continuation and expansion of the initiative should be a high priority for ongoing funding.

Minimum Data set

Minimum data set (MDS)

- Web based data entry system
- Each of the AAHS projects to collect data that can be aggregated for the National evaluation
- Designed to obtain consistent and informative data while minimising the burden of data collection/entry
- Divisions may wish to collect a variety of additional data items to inform their local evaluation
- Divisions are not required to conduct any analyses of MDS data

Selection of MDS items

- Items developed by the EWG in consultation with Divisional, GP and AHP representation
- Major aims:
  - To identify number of people accessing AHS
  - To describe who is accessing AHS in terms of sociodemographic and clinical characteristics
  - To provide an overview of the services they are receiving
  - To collect data that is comparable with other relevant data collections (e.g., Census)