

Better Outcomes in Mental Health Care

Familiarisation Training



Australian Divisions of **General Practice**

Introduction



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Familiarisation Training

Better Outcomes in Mental Health Care

Total ACRRM Professional Development Points: 2

ACRRM PD Program Activity Code: EEACR-0001-ADGP

**Total RACGP Quality Assurance and Continuing Professional
Development points: 4 (Category 2)**

RACGP QA&CPD Program Activity Number 715642

Prepared by the Australian Divisions of General Practice.

Funded by the Commonwealth Department of Health and Ageing.



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Welcome to the Self-Directed Familiarisation Training Program

The Familiarisation Training has been designed to provide you with information on each of the components of the *Better Outcomes in Mental Health Care Initiative* and how to access them.

This self-directed version of the Familiarisation Training will take approximately 2 hours to complete.



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Completing the Familiarisation Training

To complete this program and meet the course requirements of the Familiarisation Training you will need to work through each of the program components and complete the:

- Work Sheet;
- Quiz; and
- Evaluation Form

All three documents are contained in the **Self-Directed Familiarisation Training Work Book** attached to this program.

To obtain professional development points and verification for completing the Familiarisation Training **send your Evaluation Form** to your local Division of General Practice. Your Division will then send you a certificate of completion.

The work sheet and quiz have been provided as educational tools to assist your personal learning. They **do not need to be submitted** to meet course requirements.



Preparing to Start

To work through this Familiarisation Training you will need a copy of the:

- **Familiarisation Training GP and Practice Manual** (downloadable from the ADGP website); and
- Self-directed program work sheet, quiz and evaluation documents.

All documents, email and website links referred to in this program are also located on the **Useful Contact Numbers and Websites** pages at the end of this presentation and in Appendix L, page 53, of the **Familiarisation Training GP and Practice Manual**.

Please ensure that at this point you have the work sheet open, so that you are able to complete the program exercises.



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Familiarisation Training Program

Learning Goals

At the completion of this training session GPs will be able to understand:

1. the framework for the 3 Step Mental Health Process, comprising of a mental health assessment, mental health plan and a review,
2. how to claim for the 3 Step Mental Health Process incentive payments,
3. how to complete, in collaboration with the patient, proformas for the 3 Step Mental Health Process,
4. the education and training requirements to register for the initiative,
5. how to obtain information in relation to further training,

continued on the next slide



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Familiarisation Training Program

Learning Goals continued

6. the requirements for the use of an outcome tool in the assessment and the review,
7. the implementation of the access to allied psychological services program,
8. the requirements for accessing the focussed psychological strategies MBS item numbers for GPs,
9. the arrangements relating to consultant physician case conferencing,
10. the new arrangements being introduced for accessing specialist psychiatrist support.



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Better Outcomes in Mental Health Care Initiative

The initiative seeks to address some of the barriers identified by GPs to the provision of quality mental health care:

- Inadequate education and training
- Inadequate remuneration
- Limited access to allied health services
- Limited access to specialist support



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Work Sheet Exercise 1 – Barriers to Practice

Using your work sheet, make a list of what could be done to address the barriers referred to on the previous slide.



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GP views

To hear from some GPs who have made use of the Better Outcomes initiative please turn to page 4 of the **Familiarisation GP and Practice Manual**.

On page 5 read the forward by Dr Rob Walters, chair of Australian Divisions of General Practice



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Overview



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The Better Outcomes in Mental Health Care Initiative

The *Better Outcomes in Mental Health Care* initiative provided \$120.4 million over the years 2001-2005 with ongoing funding provided until 2008.

The five components of the initiative are:

1. **Education and Training for GPs** – to familiarise GPs with the initiative and to increase the mental health skills of GPs.
2. **The 3 Step Mental Health Process** – a service incentive payment (SIP) to encourage effective management of mental health problems by GPs through a 3 Step Mental Health Process that includes an assessment, a mental health plan and a review.
3. **Focussed Psychological Strategies** – to encourage appropriately trained GPs to provide evidence based focussed psychological strategies (FPS) through the provision of Medicare Benefits Schedule (MBS) rebates.
4. **Access to Allied Psychological Services** – to enable GPs to access psychological and other allied health services to support their patients with mental health disorders; and
5. **Access to Psychiatrist Support** – to better enable psychiatrists and GPs to participate in case conferencing and for psychiatrists to provide emergency advice to support GPs.



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Which patients are eligible to participate?

- All patients with a mental health disorder, including those with co-morbidity, who present in the general practice setting.
- A *mental health disorder* has been defined as, ‘a significant impairment of an individual’s cognitive, affective and/or relational abilities which may require intervention and may be a recognised, medically diagnosable illness or disorder.’ The ICD-10 PHC version informs this definition.



The following disorders can be treated under this initiative:

- Alcohol use disorders
- Chronic psychotic disorders
- Depression
- Panic disorder
- Mixed anxiety and depression
- Adjustment disorder
- Dissociative (conversion) disorder
- Unexplained somatic complaints
- Generalised anxiety
- Sexual disorders
- Hyperkinetic (attention deficit) disorder
- Bereavement disorders
- Mental disorder, not otherwise specified
- Drug use disorders
- Bipolar disorder
- Phobic disorders
- Eating disorders
- Neurasthenia
- Sleep problems
- Conduct disorder
- Enuresis
- Acute psychotic disorders

Based on the ICD-10 PHC version with the exclusion of dementia, delirium, tobacco use disorder and mental retardation

For further details refer to page 8 of the **GP and Practice Manual**



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Which doctors are eligible to participate?

- Medical practitioners including GPs, but excluding specialists and consultant physicians.
- These doctors need also to have completed the relevant training requirements and be working from a PIP or accredited practice to register for the initiative.

Future references to GPs in this program include other medical practitioners (OMPs).

*This section is covered in pages 9 to 17 of the **GP and Practice Manual***



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3 Step Mental Health Process

Comprises of a service incentive payment (SIP) for completion of:

1. assessment and formulation or diagnosis
2. preparation of a mental health plan
3. review of the mental health plan

*The following slides describe the 3 Step Mental Health Process as outlined in the Medicare Item Descriptors, provided at Appendix G, pages 42 and 43, of the **GP and Practice Manual**.*



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The 3 Step Mental Health Process

To access incentive payments, the 3 Step Mental Health Process should include:

- at least **2 consultations** of **more than 20 minutes** each,
- at least **2 of the consultations to be planned visits**,
- **assessment and formulation or diagnosis** of the mental health disorder/s,
- **provision of a written mental health plan** and appropriate education to the patient and/or carer (with patient's agreement), and
- **review of the patient's progress** against the goals outlined in the mental health plan.

The review is to be conducted a minimum of 4 weeks and a maximum of 6 months after the completion of the mental health plan.

The patient's medical record should include documentation of each of these requirements and the clinical content of the patient-held mental health plan. All consultations conducted as part of the 3 Step Mental Health Process must be conducted by the GP claiming the incentive payment.



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The 3 Step Mental Health Process

For a GP perspective please read comments about the 3 Step Mental Health Process by Dr Di Symmonds, GP Darwin, on page 9 of the **GP and Practice Manual**



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Step 1 - Assessment

Make sure the assessment includes:

- the presenting complaint;
- a detailed biological, psychological and social history;
- a mental state examination;
- a risk assessment;
- a diagnosis and/or formulation; and
- the administration of an outcome tool (except where clinically inappropriate)

Please note: the assessment may take more than one consultation to complete. One consultation at level C or D is the minimum requirement.

From May 1 2005 the Assessment & Plan may be conducted in one consultation if appropriate



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Measuring what we do

Why an outcome tool?

- It measures symptoms, quality of life and level of functioning
- It assesses a patient's condition and change over time
- It gives the GP feedback about what is working

The choice of outcome tools to be used is at the clinical discretion of the GP



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Useful outcome tools

The following are examples of outcome tools available at no cost.

- Kessler Psychological Distress Scale (K10)
- Depression Anxiety Stress Scale (DASS)
- SPHERE
- Edinburgh Post Natal Depression Questionnaire
- Alcohol Use Disorder

Refer to www.adgp.com.au for further information.



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Example of an outcome tool (K10)

See Appendix B, page 32
GP and Practice Manual



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GP experiences using the K10

Read about some GPs' experiences in using the K10 on page 11 of the **GP and Practice Manual**



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Work Sheet Exercise 2 – Outcome Tools

Using your work sheet, make a list of some of the benefits that use of an outcome tool might offer, to you as the GP and to your patient



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Step 2 – Mental Health Plan

Make sure the plan:

- is prepared in consultation with the patient and/or carer,
- has the approval of the patient,
- is provided to the patient and/or carer (with agreement from the patient), and
- is kept as part of the patient's medical records.



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Step 2 – Mental Health Plan

The plan should also include:

- a discussion of the diagnosis and/or formulation;
- a discussion of the treatment options;
- a written plan for treatment of the assessed mental health disorder and crisis intervention;
- the provision of psycho-education; and
- a plan for relapse prevention, if appropriate at this stage.

Please note, the Mental Health Plan may take more than one consultation to complete. One consultation at a level C or D is the minimum requirement.

From 1 May 2005 the Assessment & Plan may be conducted in the one consultation if appropriate

The plan might include treatment by the GP or referral to allied health and other providers.



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Step 3 - Review

Make sure the review:

- checks against the goals outlined in the mental health plan;
- has modifications of the mental health plan (if necessary);
- has psycho-education reinforced and expanded;
- includes a plan for relapse prevention if not previously provided;
- includes re-administration of the same outcome tool used in the assessment (step 1); and
- **is conducted between 4 weeks and 6 months from when the mental health plan was prepared.**



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Proformas for the 3 steps

Proformas for the 3 Step Mental Health Process have been developed as a resource for GPs for conducting an assessment, mental health plan and a review. They are based on the MBS item descriptors.

Use of the proformas are optional and alternatively GPs may wish to refer to the 3 Step Mental Health Process checklist as provided at Appendix C, page 33, in the **GP and Practice Manual**.

The proformas have been developed as an example and can be photocopied, remodelled and adapted to meet your needs or the needs of your patient group.



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The mental health assessment proforma

See Appendix D, page 34 and 35 of the **GP and Practice Manual** for the health assessment proforma.

For an example of a completed health assessment proforma see Appendix E, pages 37 and 38, of the **GP and Practice Manual**



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The mental health plan and review proforma

See Appendix D, page 36 of the **GP and Practice Manual** for the mental health plan and review proforma.

For an example of a completed mental health plan proforma see Appendix E, page 39, of the **GP and Practice Manual**.



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The 3 Step Mental Health Process Proforma – a Testimonial

“using an outcome tool and a proforma seems to reinforce to patients that their mental health concerns are being taken seriously. I have found the assessment proforma provides a useful checklist for information gathering and has uncovered bits of relevant history I had not asked patients before. Thirty minutes is ample time to complete the assessment in a planned appointment.”

GP, Northern Territory

Copies of the proformas can be obtained from: www.adgp.com.au



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Incentive payments

Service Incentive Payments

There are two incentive payments available under the *Better Outcomes in Mental Health Care* initiative. They are:

- a once off, service incentive payment (SIP) of \$150 when GPs register with the HIC for the initiative; and
- a service incentive payment (SIP) of \$150 per 3 Step Mental Health Process, per patient, per year on completion of the review step.

The maximum annual SIP for this initiative per GP per financial year is \$10,000.



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Incentive payments

Payment of the SIP

The service incentive payment or SIP is a payment made directly to the GP.

The SIP will be paid directly into a GP's nominated bank account by the HIC. This might be to the GP's individual account or the practice account.

The payments will be made at the same time as the quarterly practice incentive payments (PIP). Those payments are generally made in February, May, August and November by electronic funds transfer (EFT).



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Incentive payments

Providing bank details

GPs who are currently registered for either the asthma, diabetes or cervical screening SIPs do not need to provide their bank details as the HIC will have a record of this information.

GPs not currently registered in the other SIPs, or practising from an accredited practice that is not participating in the PIP, will need to provide their bank account details for payment of the incentives. The HIC will seek this information from GPs when they register for the initiative.



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Billing for the 3 Steps

Step 1: Assessment

Bill under the normal attendance items (ie level C or D)

Step 2 : Mental Health Plan

Bill under the normal attendance items (ie level C or D)

Please note that from 1 May 2005 the two steps, Assessment and Plan, may if appropriate be conducted in the one consultation. Claim under a normal attendance item (ie level C or D)



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Billing for the 3 Steps

Step 3: Review

Bill under the 3 Step Mental Health Process MBS items (on completion of the 3 Step Process).

This will attract the usual rebate for the patient for level C or D and trigger the SIP.

See Figure 2, page 16, of the **GP and Practice Manual**, for a table that outlines the MBS item numbers.



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Billing for the 3 Steps

Look at Figure 1 on page 14 of the **GP and Practice Manual**. This is a flow chart of the billing requirements for the 3 Step Mental Health Process



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Access to the SIP

The 3 Step Mental Health Process can only be provided by a GP who has been notified by the HIC as being registered with the initiative.

To register, GPs will need to meet the following requirements:

Familiarisation Training

Mental health skills training or RPL

Commitment to ongoing training

Work in a PIP or accredited practice

doing today
have done / will do
sure
yes

Submit your registration form when skills training and Familiarisation Training is complete.



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Privacy and Discrimination Issues

A number of GPs have raised concerns about the Better Outcomes Initiative in regards to patient privacy and the potential for discrimination through insurance claims.

In addressing these concerns it is important to note:

- information held by the HIC is strictly confidential;
- the HIC already collates data such as use of anti-depressants and visits to a psychiatrist;
- the issue of life insurance existed before the initiative;
- data collected from insurance companies is sought almost exclusively from GP reports rather than the HIC; and
- changes through the new MoU between key mental health stakeholders and the peak insurance body have reduced the potential for discrimination.

*For further information please turn to page 40 of the **GP and Practice Manual** for some GP and consumer perspectives.*



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Work Sheet Exercise 3 – 3 Step Mental Health Process

Using your work sheet, make a list of :

- The benefits of using the three-step mental health process with your patients in your practice.
- The barriers to using the three-step mental health process with your patients in your practice.
- Ways to overcome the barriers in implementing the three-step system of care in your practice.

*This section is covered in pages 8 to 18 of the **GP and Practice Manual***



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Mental Health Skills Training Requirements

To participate in the *Better Outcomes in Mental Health Care* initiative GPs need to meet specified training requirements.

The three training requirements are:

1. Familiarisation Training (business case training).
2. Mental health skills training as determined by the General Practice Mental Health Standards Collaboration (Standards Collaboration).
3. Ongoing learning in mental health.

Completion of the Familiarisation Training and mental health skills training is required for you to register with the Health Insurance Commission (HIC). You will be required to list the training you have completed on your registration form.

The following chart gives an overview of the training requirements.



GPMHSC

General Practice Mental Health Standards Collaboration

Level Two Registration

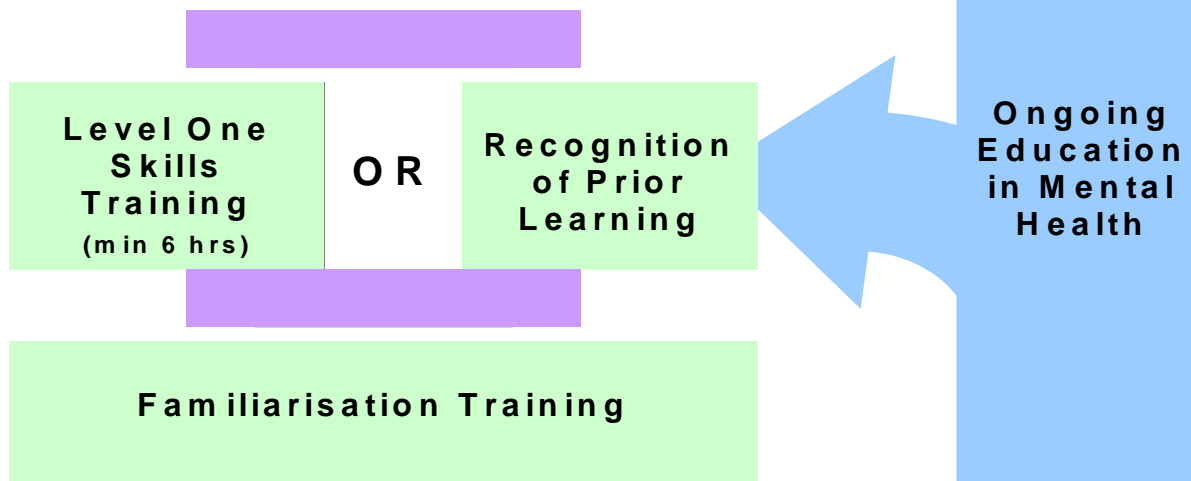
via the General Practice Mental Health Standards Collaboration



** For websites on which education activities contribute to the on-going training requirement, see page 20 of your Familiarisation Training GP and Practice Manual.*

Level One Registration

via the General Practice Mental Health Standards Collaboration



Mental Health Skills Training - Level One

This level of training relates to the development of skills in conducting a mental health assessment, developing a comprehensive mental health plan and a mental health review.

- The training comprises at least 6 hours of Level 1 skills training.
- Completion of this level of training, coupled with the Familiarisation Training enables GPs to register with the HIC to access the 3 Step Mental Health Process incentive payments.
- All training must be approved by the General Practice Mental Health Standards Collaboration (GPMHSC)* as 'Level One Mental Health Skills Training'

- *See slide 47 for information about the Collaboration*



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Mental Health Skills Training – Level Two

The second level of mental health skills training relates to the development of skills for the delivery of Focussed Psychological Strategies (FPS).

The training must:

- be highly skilled focussed and interactive over a minimum of 20hrs
- cover motivational interviewing, psychoeducation plus EITHER cognitive behaviour therapy OR interpersonal therapy.
- be accredited by the GPMHSC as ‘Level Two Mental Health Skills Training’

Completion of this level of training, coupled with Level 1 training and registration enables GPs to register with the HIC to access the new MBS items for FPS.



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Mental Health Skills Training

To meet the requirements for the mental health skills training for Level 1 and 2, GPs can either:

- complete an education activity that has been accredited by the General Practice Mental Health Standards Collaboration (Standards Collaboration), or
- apply for an exemption from the requirement to complete training, through an 'Individual Application for Exemption from Level One [or Two] skills training'

Refer to the GPMHSC website for all accredited programs, or to download an application for exemption:

www.racgp.org.au/mentalhealth

New programs are continually being approved; check the website for the latest accredited training programs.



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The General Practice Mental Health Standards Collaboration

The Standards Collaboration has been established under the *Better Outcomes in Mental Health Care* initiative to be the adjudicating body responsible for establishing standards and the accreditation of mental health education activities and/or training.

The membership of the Standards Collaboration includes:

| | |
|---|-------------|
| The Australian College of Rural and Remote Medicine | (3 members) |
| The Royal Australian College of General Practitioners | (3 members) |
| The Mental Health Council of Australia | (2 members) |
| The Australian Psychological Society | (1 member) |
| The Royal Australian and New Zealand College of Psychiatrists | (1 member) |

Further information can be sought from the Mental Health Education Development Officer of the Standards Collaboration on 03 8699 0554 and by email on gpmhsc@racgp.org.au



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Exemptions from the Skills Training

- GPs who have recently completed substantial training in mental health, and who have a strong skills base in mental health may be able to apply for an exemption from the skills training (either or both Level One and/or Two)
- Assessment is based primarily upon demonstrated completion of education and training with equivalence to the skills training, and a positive report from the applicant's nominated referee (written references are not required; the GPMHSC will initiate contact).
- Training must have been completed within 3 years of the date of application (the only exception is for tertiary level qualifications)
- For more information contact the GPMHSC directly: 03 8699 0554 or gpmhsc@racgp.org.au



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Exemptions from Level One Skills Training

Applicants for exemption from **Level One** Skills Training must:

- clearly demonstrate completion of recent (less than 3yrs) education and training with learning outcomes equivalent to accredited 'Level One Mental Health Skills training', including coverage of the 3 Step Mental Health Process.
- Provide supporting documentation such as certificates of completion, course programs etc
- Provide contact details for a peer who can attest to the applicant's skills in delivering mental health care
- Still complete Familiarisation Training



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Exemptions from Level Two Skills Training

Applicants for exemption from **Level Two** Skills Training must:

- clearly demonstrate completion of recent (less than 3yrs) education and training with learning outcomes equivalent to accredited 'Level Two Mental Health Skills training', including skills training in focussed psychological strategies (FPS)
- Training must be of at least 20 hours in total duration, including at least one substantial training program of at least 15 hours (eg. One program of 20hrs+, or a 15hr program plus a 5hr program)
- Provide supporting documentation such as certificates of completion, course programs etc.
- Provide contact details for a peer with experience in focussed psychological strategies (FPS) who can attest to the applicant's skills in delivering FPS
- Meet the requirements to register for Level One.



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Ongoing Learning – Level One GPs

To maintain mental health registration beyond 31 December 2007, Level One GPs are required to participate in at least one category 1 mental health training program across the triennium.

These are activities that:

- have a strong mental health component
- specifically address disorders treatable under the Better Outcomes program
- relate to and enhance at least one of the
 - Mental Health Assessment;
 - Mental Health Plan; or
 - Mental Health Review



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Ongoing Learning – Level One GPs

Training which satisfies these requirements will be accredited by the GPMHSC as **‘Level One Ongoing CPD’**.

Completing Level One Mental Health Skills Training in the 2005-2007 triennium (whether for the purposes of initial registration or otherwise) will automatically meet a Level One GP’s requirement.



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Ongoing Learning – Level Two GPs

Level Two GPs have similar requirements; however the content and coverage of the CPD activity must be primarily related to focussed psychological strategies.

Training which satisfies these requirements will be accredited by the GPMHSC as '**Level Two Ongoing CPD**'.

Completing Level Two Mental Health Skills Training in the 2005-2007 triennium (whether for the purposes of initial Level Two registration or otherwise) will automatically meet a Level Two GP's requirement.

The Level Two CPD requirements are NOT cumulative with the Level One requirements.



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Work Sheet Exercise 4 – Education and Training

Using your work sheet list three of the most useful mental health education and training activities you have completed in the last six years.

Rate them on a scale from one to five on their usefulness for managing mental health disorders in general practice.

*This section is covered in pages 20 to 23 of the **GP and Practice Manual**.*



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Focussed Psychological Strategies

Focussed psychological strategies (FPS) are specific mental health care treatment strategies derived from evidence based psychological therapies. They have been shown to integrate the best research evidence of clinical effectiveness with general practice clinical expertise.

MBS items are available for the provision of FPS.

The items can be accessed by GPs who satisfy the relevant education requirements set by the Standards Collaboration.

FPS is referred to as Level 2 for the purposes of skills training



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FPS that can be provided by GPs

The strategies and treatments that can be provided under the new MBS items for FPS are:

1. Psycho-education

- motivational interviewing

2. Cognitive-behavioural Therapy including:

Behavioural interventions

- Behaviour modification (especially for children)
- Exposure techniques
- Activity scheduling

Cognitive interventions

- cognitive therapy

3. Relaxation strategies

- Progressive muscle relaxation
- Controlled breathing

(Continued on next page)



FPS that can be provided by GPs

4. Skills Training

- Problem solving skills and training
- Anger management
- Social skills training
- Communication training
- Stress management parent management training

5. Interpersonal Therapy

For further information on FPS:

Appendix I, pages 45 to 49, of the **GP and Practice Manual** provides a description of each of the focussed psychological strategies.

The CRUFAD website (www.gpcare.org) provides a description with reference to the evidence base and how to deliver the strategies.



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Focussed Psychological Strategies

The MBS items for FPS provide:

- up to 6 planned sessions, with;
- the possibility of up to a further 6 sessions after review;
- a minimum of 30 minutes per session;
- two time bands of 30 to 40 minutes and longer than 40 minutes; and
- rebate levels set at around 20% above the current Level C or D items



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FPS Treatment Options

When the need for psychological treatment is identified in the mental health plan, the GP may be able to:

- provide FPS for their patients (if registered to do so);
- refer to another GP registered to provide FPS; or
- refer to an allied health professional for FPS.



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GP Eligibility for FPS

To access the MBS items for FPS, GPs must:

- meet the education requirements of the Standards Collaboration for mental health skills training for FPS;
- be registered with the HIC for the 3 Step Mental Health Process and the FPS; and
- provide services from either a PIP or accredited practice



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Work Sheet Exercise 5 – Focussed Psychological Strategies

GPs already provide counseling to their patients. In your workbook list any specific psychological strategies that you currently employ in providing these services to your patients?

*This section is covered in pages 24 to 25 of the **GP and Practice Manual**.*



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Access to Allied Health

The Access to Allied Psychological Services component is designed to provide GPs, who are registered for the 3 Step Mental Health Process, with support from allied health professionals in treating people with a mental disorder.

The allied psychological services programs are managed by Divisions of General Practice with programs tailored to local needs with variation in employment and contracting of providers.

The services that can be provided by allied health professionals will be the same focussed psychological strategies that can be provided by GPs through the new MBS item for FPS, but may also include Narrative Therapy for projects with indigenous communities.



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Allied Health Implementation Dates

- The initial Allied Psychological Services Programs commenced on 1 July 2002 and initially covered 21 Divisions in Australia
- By 2005, 112 Divisions had allied psychological services programs
- In July 2005 all remaining 6 Divisions were invited to apply for funding
- On-going funding has been committed to at least 2008.



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Allied Health Services

The services available are the same as the FPS that can be provided by GPs under the initiative.

Services include:

- up to 6 planned sessions on referral from the GP, with;
- the possibility of up to a further 6 sessions after review by the referring GP
- a minimum of 30 minutes per session



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Allied Health Professionals

The allied health professionals who can deliver services under this initiative are:

- mental health nurses
- psychologists
- social workers
- occupational therapists
- Aboriginal and Torres Strait Islander health workers



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Eligibility

To access allied psychological services programs GPs must be registered with the HIC for the 3 Step Mental Health Process and have an allied health program operating through their Division.



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Work Sheet Exercise 6 – Access to Allied Health

In your workbook list some of the services available in your area to provide psychological support and treatment.

*This section is covered in page 25 of the **GP and Practice Manual**.*



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Access to Psychiatrist Support

This component of the initiative is designed to enable better access for GPs to psychiatrist support. The components include:

- Access to psychiatrist advice, and
- case conferencing with psychiatrist.



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Psychiatrist advice

Access for GPs to consultant psychiatrist advice is now available for all GPs across Australia.

The program provides urgent advice to GPs regarding the management of their patients via:

- phone advice – 1800 200 588
- fax – (02) 9425 3879
- email – www.psychsupport.com.au phone 1800 026 965 to obtain a username and password

In most cases advice is provided within 24 hours

Please refer to page 26 of the GP and Practice manual for more information



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Changes to case conferencing

Case Conferencing

Two changes have been made to the consultant physician case conferencing items to allow more flexibility for consultant physicians (including psychiatrists) to both organise and/or participate in multidisciplinary case conferencing.

1. Number of Participants

Amendments have been made to the number of health care providers to be involved in a multidisciplinary case conference where the consultant physician and the GP are paid:

- **where the GP initiates a case conference** with a consultant physician and other providers, the number of formal care providers required has reduced from 4 to 3 (Consultant physician of any discipline, introduced May 2002), and
- **where a psychiatrist initiates a case conference** with a GP and other providers, the number of formal care providers required has reduced from 4 to 3, (Psychiatrists only, not applicable to other disciplines, introduced November 2002).



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Work Sheet Exercise 6 – Access to Psychiatrist Support

In your workbook list some of the problems or issues for which you would like to access support from a psychiatrist.



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Changes to case conferencing (cont.)

2. New Time Bands

New time bands have been set to align the consultant physician case conferencing items with the items for GP case conferencing. This has been done in order to make it easier for both professional groups to work together to better coordinate care for patients. The three new time bands are:

- at least 15 minutes but less than 30 minutes,
- at least 30 minutes but less than 45 minutes, and
- at least 45 minutes.



Consultant Psychiatrist, Referred Patient Assessment and Management Plan

All GPs are able to refer to a consultant psychiatrist for an assessment, diagnosis and the development of a 12 month management plan. GPs provide the on-going care of the patient

New item numbers for psychiatrists since 1 May 2005 include;

MBS item 291: assessment & management plan, attendance of more than 45 minutes. 1 per patient per 12 months

MBS item 293: review of management plan, attendance of more than 30 minutes but less than 45 minutes. 1 per patient per 12 months.

*This section is covered in page 28 of the **GP and Practice Manual**.*



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Chronic Disease Management (CDM) And the 3 Step Mental Health Process

CDM items can be accessed for:

Patients with chronic conditions who have complex care needs such as co-morbidities, psychosocial problems or frailty requiring ongoing non-routine care and input from other care providers.

Can CDM replace the mental health plan?

GP may conduct a 3-step mental health process or a CDM GP Management Plan (GPMP). Where patients have chronic illnesses beyond that of a mental health condition a GP may wish to access allied health professionals using a CDM Team Care Arrangement TCA. In such a case the GP would need to also have a GPMP in place.

Referral to allied health professional under a TCA must be completed using an *EPC Program Referral Form for Allied Health Services under Medicare*.

More information can be found on pages 27 & 28 of the *GP and Practice Manual*.



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Telepsychiatry

New Medicare items for Telepsychiatry have been introduced for consultant psychiatrists, allowing up to 12 consultations per year per patient, to be conducted via telepsychiatry.

- Available for consultant psychiatrists located in certain metropolitan and large rural centres, and for
- patients located in certain rural and remote regions.
- The items cannot be used where the patient and the consultant psychiatrist are located in the same statistical local area, and
- consultant psychiatrists are required to conduct at least one face to face consultation after every fourth telepsychiatry session.

Refer to the November 2002 Medicare Benefits Schedule Book for further details.



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Conclusion



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Useful Contact Numbers and Websites

For further information on the Better Outcomes in Mental Health Initiative

Contact your local Division, your State Based Organisation or the Australian Divisions of General Practice.

Enquiries to the Australian Divisions of General Practice

Email: adgp@reception.com.au

Phone: 02 6228 0800

Facsimile: 02 6228 0899

Post: PO Box 4308
Manuka ACT 2603

Enquiries of the GPMHSC

Email: gpmhsc@racgp.org.au

Phone: 03 8699 0554

Facsimile: 03 8699 0570

Post: National Mental Health Education Development Officer
GPMHSC
1 Palmerston Crescent
South Melbourne VIC 3205

(continued on next page)



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Useful Contact Numbers and Websites (2)

HIC/PIP Hotline

Service Incentive Payments/ registration with the HIC
HIC Hotline: 1800 222 032

Accessing the ADGP Familiarisation Training Webpage

The ADGP Familiarisation Training web page is your one stop shop to seeking the information you require on Familiarisation Training and the Better Outcomes in Mental Health Initiative.

Through the provision of up to date information and links to important sites such as the GPMHSC webpage, the Familiarisation Training web page provides access to information on outcome tools, accredited education and training programs and focussed psychological strategies. Copies of registration forms, the K10 outcome tool, proformas for the 3 Step Mental Health Process and this manual can be obtained from the site

Access to the Familiarisation Training Website can be achieved by following these steps:

1. Refer to www.adgp.com.au
2. Select National Programs
3. Click on the Familiarisation Training banner (as shown below)



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Quiz

You may now like to complete the quiz on pages 3 and 4 of your work sheet.

The answers are on page 5 for your information.



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Evaluation

Completing the Familiarisation Training

Thank you for completing the self-directed version of the Familiarisation Training.

To obtain professional development points and verification for completing the Familiarisation Training send your **evaluation form** (page 6 of your work book) to your local Division of General Practice. Your Division will then send you a certificate of completion.



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