

Better Outcomes in Mental Health Care

Familiarisation Training



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Introduction

More than one in ten of all general practitioner consultations in Australia are for mental health related problems.

The Better Outcomes in Mental Health Care Program is an important first step in addressing the problems identified by general practitioners in the delivery of primary mental healthcare to their patients.

The process of obtaining better systems to support general practitioners however, is one of evolution and it takes time. ADGP would welcome your input on how we can make improvements to this program so that general practitioners can continue to deliver quality primary mental healthcare to their patients.'

Dr Jenny Thomson. Chair, Australian Divisions of General Practice

Contact ADGP by email, mentalhealth@adgp.com.au or phone 02 6228 0800



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This self directed learning package attracts:

- **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 (ADGP)
Funded by the Australian Government 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 Program* 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

All the documents you need to complete this training are contained in the **Self-Directed Familiarisation Training Work Book**

you will need to work through:

- Work Sheet
- Quiz and
- Evaluation Form

The work sheet and quiz have been provided as educational tools to assist your personal learning. To obtain professional development points **send your Evaluation Form** to your local Division of General Practice. Your Division will then send you a certificate of completion.



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Preparing to Start

Before continuing make sure you have downloaded:

1. The familiarisation GP and Practice Manual 4th edition
2. The Familiarisation training self directed work book

All of these documents are available at

<http://www.adgp.com.au/site/index.cfm?display=391>

You will need to have your worksheet open, to complete the program exercises.

All documents, email and website links are also located on the **Useful Contact Numbers and Websites** pages at the end of this presentation, and in **Familiarisation Training GP and Practice Manual 4th edition page 56.**



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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 program
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 arrangements for accessing specialist psychiatrist support.



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Better Outcomes in Mental Health Care Program

The program seeks to address barriers to provision of quality mental health care as identified by GPs:

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

Worksheet Exercise 1:

make a list of what could be done to address these barriers



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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 foreword by Dr Jenny Thomson, Chair of Australian Divisions of General Practice



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The Better Outcomes in Mental Health Care Program

The *Better Outcomes in Mental Health Care* program provided \$120.4 million over the years 2001-2005 with ongoing and expansion funding provided until 2009.

The five components described on page 7 of the manual are:

- 1. Education and Training for GPs**
- 2. The 3 Step Mental Health Process**
- 3. Focused Psychological Strategies**
- 4. Access to Allied Psychological Services**
- 5. Access to Psychiatrist Support**



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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.



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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 44 and 45, 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 **1 of the consultations (the review) to be a planned visit,**
- **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.



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The 3 Step Mental Health Process

The patient's medical record should include documentation of each of the 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.

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.*

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



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Measuring what we do

Why an outcome tool?

- Outcome tools measure symptoms, quality of life and level of functioning
- Outcome tools are used to assess a patient's condition and changes over time
- Outcome tools give 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

For further information visit the ADGP website

<http://www.adgp.com.au/site/index.cfm?display=391>



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Outcome Tools the GPs experience (K10)

For an example of an outcome measure (K10) See Appendix B, page 34
GP and Practice Manual

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

Worksheet Exercise 2:

List some of the benefits that outcome tools might offer to you as a 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.

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



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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.

The Mental Health Plan might include treatment by the GP or referral to allied health and other providers, and may take more than one consultation to complete.



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 based on the MBS item descriptors 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.

Use of the proformas are optional. Alternatively you may wish to refer to the 3 Step Mental Health Process checklist on page 35, 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 **The Familiarisation GP and Practice Manual** for examples of mental health assessment proformas

- The mental health assessment proforma is Appendix D on page 36 and 37.
- An example of a completed health assessment proforma see Appendix E, pages 39 and 40



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The mental health plan and review proforma

See **The Familiarisation GP and Practice Manual** for examples of mental health plan and review proformas:

- Mental health plan and review proforma is on page 36
- The completed mental health plan and review is on page 40



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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* program. 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.

There is no longer a CAP on the number of SIPs a GP can claim in one year.



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Incentive payments

Payment of the SIP

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

The SIP will be paid directly into a GP's nominated bank account by Medicare Australia (previously 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 Medicare Australia 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. Medicare Australia will seek this information from GPs when they register for the program.



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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 of \$150.00

See Figure 2, page 17, 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 15 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 | - <i>doing today</i> |
| Mental health skills training or RPL | - <i>have done/will do</i> |
| Commitment to ongoing training | - <i>sure!</i> |
| Work in a PIP or accredited practice | - <i>yes</i> |

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 patient privacy and the potential for discrimination through insurance claims when using the Better Outcomes Initiative

In addressing these concerns it is important to note:

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

For some GP and consumer perspectives see page 42 of the **GP and Practice Manual**



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Work Sheet Exercise 3 – 3 Step Mental Health Process

Using your work sheet, make a list of :

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

*This section is covered in pages 9 to 19 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* program GPs need to meet these specified training requirements:

1. Familiarisation Training
2. Mental health skills training – accredited by GPMHSC
3. Ongoing learning in mental health

To register with Medicare Australia, you need to list the training you have completed on your registration form. The following chart gives an overview of the process.



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Level Two Registration

via the General Practice Mental Health Standards Collaboration

Level Two
(FPS) Skills
Training
(min 20 hrs)

OR

Recognition
of Prior
Learning

Registered GPs
need to
complete a
single
'Category 1'
type activity
relating to the
Better
Outcomes to
maintain on-
going
registration*

** For websites on which
education activities
contribute to the on-going
training requirement, see
page 23 of your
Familiarisation Training
GP and Practice Manual.*

Level One Registration

via the General Practice Mental Health Standards Collaboration

Level One
Skills
Training
(min 6 hrs)

OR

Recognition
of Prior
Learning

Ongoing
Education
in Mental
Health

Familiarisation Training

Mental Health Skills Training - Level One

Level One training supports GPs to develop of skills in conducting a mental health assessment, developing a comprehensive mental health plan and review.

- The training comprises at least 6 hours of Level 1 skills training.
 - Completion of level one training, coupled with the Familiarisation Training enables GPs to register with Medicare Australia 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 Medicare Australia to access the 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 *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 was established under the *Better Outcomes in Mental Health Care* program to be the adjudicating body for establishing standards and accreditation of mental health education activities and/or training.

The membership of the Standards Collaboration includes:

- The Australian College of Rural and Remote Medicine
- The Royal Australian College of General Practitioners
- The Mental Health Council of Australia
- The Australian Psychological Society
- The Royal Australian and New Zealand College of Psychiatrists

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 a GP's capacity to complete a;
 - Mental Health Assessment; or
 - 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

- Content of Level Two training 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 (for initial registration or maintenance of Level Two registration) 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 24 of the **GP and Practice Manual**.*



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Focussed Psychological Strategies

- Focussed psychological strategies (FPS) are specific evidenced based mental health care treatment strategies including cognitive behavioural therapy and interpersonal therapies . They have shown the best research evidence of clinical effectiveness with general practice clinical expertise.
- MBS items are available for the provision of FPS.
- MBS items for FPS can be accessed by Level 2 mental health skills trained GPs.



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FPS that can be provided by GPs

The strategies and treatments that can be provided under 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)



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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 47 to 52, 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 Level 2 mental health skills training for FPS
- be registered with the Medicare Australia for the 3 Step Mental Health Process and the FPS; and
- provide services from either a PIP or accredited practice

Worksheet 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 25 to 26 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 registered with Better Outcomes, support from allied health professionals to treat people with a mental disorder.
- The allied psychological services programs are managed by Divisions of General Practice with programs tailored to local needs. Programs employ or contract appropriately trained allied health providers who provide 6 – 12 sessions of low cost or no cost FPS to patients referred by eligible GPs.
- 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.



Allied Health Implementation Dates

- The initial Allied Psychological Services Programs commenced on 1 July 2002 and initially covered 21 Divisions in Australia
- By 2006, 116 Divisions had allied psychological services programs
- Work continues with the remaining 3 Divisions to introduce an Allied Psychological Services program
- 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 program.

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 Medicare Australia for the 3 Step Mental Health Process and have an allied health program operating through their Division.

Worksheet Exercise 6 : Access to Allied Psychological Services

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

*This section is covered in page 27 & 28 of the **GP and Practice Manual**.*



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Access to Psychiatrist Support

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

- Access to psychiatrist advice,
- case conferencing with psychiatrist.
- Consultation and liaison with psychiatrist for assessment and mental health management plans



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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 29 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 clinical 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.



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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 29 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 30 & 31 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

You have now completed the Familiarisation Training.

The remaining slides give some useful contact numbers and information and directions on how to complete your workbook and evaluation forms



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Useful Contact Numbers and Websites

For further information on the Better Outcomes in Mental Health Program

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)

Medicare Australia /PIP Hotline

Service Incentive Payments/ registration with the Medicare Australia. 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 Program.

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 Programs
3. Select National Primary Mental Health Care Network
4. Click on the Familiarisation Banner



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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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