

Better Access Explained

The Better Access initiative includes 4 Medicare items for GPs providing mental health care:

2702 (Preparation of a GP Mental Health Treatment Plan) – Involves the assessment of a patient and preparation of a GP Mental Health Treatment Plan using a structured approach. This item number is to be claimed by a medical practitioner who **has not** undertaken mental health skills training since 1 July 2001, which has been accredited by the General Practice Mental Health Standards Collaboration

2710 (Preparation of a GP Mental Health Treatment Plan) – Involves the assessment of a patient and preparation of a GP Mental Health Treatment Plan using a structured approach. This item number is to be claimed by a medical practitioner who **has** undertaken accredited mental health skills training since 1 July 2001.

2712 (Review of a GP Mental Health Treatment plan) – This item enables a formal review of the patient's progress against the goals outlined in the GP Mental Health Treatment Plan.

2713 (Mental Health Consultation) – An extended consultation (at least 20 minutes) with a patient where the primary treating problem is related to a mental disorder

Points to note:

All GPs can refer patients who are being managed under a GP Mental Health Treatment plan (items 2702/2710) or psychiatrist assessment and management plan (item 291) through the Better Access initiative. GPs providing mental health treatment plans, and who have undertaken mental health skills training recognised through the General Practice Mental Health Standards Collaboration (GPMHSC), have access to item 2710. For GPs who have not undertaken training, item 2702 is available. Item 2702 provides for a mental health treatment plan to be prepared by the GP, but at a lower rebate than for item 2710. Patients who are assessed as having a mental disorder (as defined in the MBS) are eligible for services under the initiative. The GP can refer their patients to clinical psychologists, psychologists, social workers and occupational therapists who are registered with Medicare Australia.

Assessment of a patient for the GP Mental Health Treatment Plan must include:

- Recording the patient's agreement for the GP Mental Health Treatment Plan service
- Taking relevant history, including the presenting complaint.
- Conducting a mental state examination
- Assessing associated risk and co-morbidity
- Making a diagnosis and/or formulation
- Administering an outcome measurement tool, except where it is clinically inappropriate



The following disorders can be treated under this initiative:

<ul style="list-style-type: none">➤ Alcohol use disorder➤ Chronic psychotic disorders➤ Bipolar disorder➤ Phobic disorders➤ Generalised anxiety➤ Adjustment disorder➤ Unexplained somatic disorders➤ Eating disorder➤ Sexual disorders➤ Conduct disorder➤ Bereavement disorders	<ul style="list-style-type: none">➤ Drug use disorder➤ Acute psychotic disorder➤ Depression➤ Panic disorder➤ Mixed anxiety and depression➤ Dissociative (conversion) disorder➤ Neurasthenia➤ Sleep problems➤ Hyperkinetic (attention deficit) disorder➤ Enuresis➤ Mental Disorder, not otherwise specified
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*** Dementia, delirium, tobacco use disorder and mental retardation are not regarded as mental disorders for the purposes of the GP Mental Health Treatment Plan items.**

Preparation of a GP Mental Health Treatment Plan:

- Discussion of the assessment with the patient, including the mental health diagnosis
- Identifying and discussing referral and treatment options with the patient, including appropriate support services
- Agreeing goals with the patient
- Provision of psycho-education
- A plan for crisis intervention and/or for relapse prevention, if appropriate at this stage
- Making arrangements for required referral, treatment, appropriate support services, review and follow up
- Documenting the results of assessment, patient needs, goals and actions, referrals and required treatment/services, and review date in the patients mental health care plan
- Offering a copy of the written GP Mental Health Plan to the patient and/or carer (with the patients agreement)

Treatment options:

These can include psychological and pharmacological treatments, referral to a psychiatrist, and referral to a clinical psychologist for psychological therapies or to an appropriately trained GP or allied health professional for provision of focused psychological strategy service, and referral to and coordination with the community support and rehabilitation agencies, mental health services and other professionals.

Where a patient has a mental disorder as well as significant co-morbidities and complex needs requiring team based care, the GP is able to use both the CDM items (for team based care) and the Mental Health Treatment Plan item. When a Team Care arrangement is in place, the GP may refer patients to allied health providers registered with Medicare Australia under the Enhanced Primary Care program. A GP Mental Health Treatment Plan would need to be in place for patients to receive MBS rebates for focused psychological therapies or psychological therapies.

Item 2712 review is a key component for assessing and managing the patient's progress once a GP Mental Health Treatment Plan has been prepared, along with ongoing management through the GP Mental Health Consultation item and/or standard consultation items. A patients mental health treatment plan should be reviewed at least once.

The review stage must include:

- Recording the patient's agreement for this service
- A review of the patient's progress against the goals outlined in the GP Mental Health Treatment Plan
- Modification of the documented GP Mental Health Treatment Plan if required
- Checking, reinforcing and explaining education
- A plan for crisis intervention, and or relapse prevention if appropriate and if not previously provided
- Re-administer the outcome measurement tool used in the assessment stage, except where clinically inappropriate

An initial review should take place a minimum of 4 weeks and a maximum of 6 months after the completion of the mental health treatment plan. If required, an additional review 3 months after the first review is allowed in a 12 month period.

Item 2713 – The GP Mental Health Consultation

This item is for an extended consultation with a patient where the primary treating problem is related to a mental disorder, including for the patient being managed under a mental health treatment plan. This item may be used for ongoing management of a patient with a mental disorder. This item should not be used for the development of a GP Mental Health Treatment Plan. Consultations associated with this item must be at least 20 minutes duration. There are no restrictions on the number of GP Mental Health Care consultations per year.

The GP Mental Health Consultation must include:

- Taking relevant history and identifying the patients presenting problem(s) (if not previously documented)
- Providing treatment, advice and/or referral for other services or treatment
- Documenting the outcomes of the consultation in the patient's medical records and other relevant mental health treatment plan (where applicable)

Outcome tools

An outcome measurement tool measures symptoms, quality of life, level of functioning and a patient's condition and change over time, all of which are essential in evidence based approach to mental health care. Outcome measurement tools are used to maintain high standards of patient mental health care and are important to both the patient and the clinician. An outcome measurement tool should be utilised during the assessment and the review of the mental health treatment plan, except where it is considered clinically inappropriate. The choice of outcome measurement tool to be used is at the clinical discretion of the GP. The following are examples of outcome measurement tools available:

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

Further information on Outcomes tools can found at the RACGP website:

<http://www.racgp.org.au/mentalhealth/resources>

GPs using outcome tools should be familiar with their appropriate clinical use, and if they are not, they should seek the appropriate education and training. It should be noted that outcome tools are not diagnostic tools. The K10 is widely recommended as a simple measure of psychological distress and as a measure of outcomes following treatment for common mental health disorders. The K10 uses a five value response option for each question - all of the time, most of the time, some of the time, a little of the time and none of the time which can be scored from five through to one. The maximum score is 50 indicating severe distress, the minimum score is 10 indicating no stress.

Note:

The GP Mental Health Treatment plan, Review and Consultation items cover the consultations at which the relevant items are undertaken, noting that;

- If a GP Mental Health Treatment Plan item is undertaken or initiated during the course of a consultation for another purpose, the GP Mental Health Treatment Plan, Review or Consultation Item and the relevant item for the other consultation may be both claimed.
- If a GP Mental Health Treatment Plan is developed over more than one consultation, and those consultations are for the purposes of developing the plan, only the GP Mental Health Treatment Plan item should be claimed.
- If a consultation is for the purpose of a GP Mental Health Treatment Plan, Review or Consultation item, a separate and additional consultation should not be undertaken in conjunction with the mental health consultation, unless it is clinically indicated that a separate problem must be treated immediately.
- Where separate consultations are undertaken in conjunction with mental health consultations, the patient's invoice or Medicare voucher (assignment of benefit form) for the separate consultation should be annotated (e.g. separate consultation clinically required/indicated)

GP Psych Support Service for GPs seeking advice on the management of patients.

Provides GPs with free patient management advice from a psychiatrist within twenty four hours and includes specialized advice from child and adolescent specialists and dual diagnosis drug and alcohol specialists. The service can be accessed by telephone , fax or via the internet 24 hours a day.

To access GP Psych Support:

- Phone: 1800 200 588, The GP will be asked some brief questions concerning your enquiry, and given a time when a psychiatrist will phone back within 24hrs.
- Fax: 1800 012 422 Faxes from GPs will need to include details regarding the issue for discussion. A psychiatrist will then Fax pr phone to discuss case details.
- Email: www.psychsupport.com.au is a secure, password protected website. Phone 1800 200 588 to obtain a user name and password prior to accessing psychiatric advice for the first time. Then log on to www.psychsupport.com.au to register your question. A psychiatrist will email a response.

Item number 291: Consultant Psychiatrist, Referred Patient Assessment and Management plan

Where the patient is referred to a psychiatrist by a GP for the provision of an assessment and management plan and where the psychiatrist provides the referring GP with an assessment and management plan to be undertaken by that GP for the patient, where clinically appropriate. An attendance of more than 45 minutes duration at consulting rooms, available to patients once in a 12 month period.

Item 293: Consultant Psychiatrist, Review Referred Patient Assessment

The psychiatrist reviews a management plan previously prepared by that psychiatrist for a patient and claimed under item 291, where the review is initiated by the referring medical practitioner practicing in general practice. An attendance or more than 30 minutes but not more than 45 minutes duration at consulting rooms, payable no more than once in a 12 month period.

Item 296: Initial Consultation for a New Patient in Consulting Rooms

This item involves a professional attendance of more than 45 minutes by a consultant psychiatrist upon referral from a medical practitioner, where the patient is a new patient to that psychiatrist, or a patient who has not been seen by the consultant psychiatrist in the proceeding 24 months.

Item 297: Initial Consultation for New Patient in Hospital

Involves the same elements as item 296, however the service is provided in a hospital.

Item 299: Initial Consultation for a new Patient, Home Visit

Involves the same elements as item 296 and 297, but the service is provided at the patients home

GPs who are members of the RACGP can find a psychiatrist in their area by accessing the *clinical services* section of the RACGP website. www.racgp.org.au

Where a GP is managing a patient with a mental disorder under a referred patient assessment and management plan from a psychiatrist, the GP can continue to manage the patient using standard consultation items.

For patients with a referred patient assessment and management plan from a psychiatrist, GPs are able to use, as necessary, the GP Mental Health Treatment Review item (item 2713) for the ongoing management of the patient, as if the patient had a GP Mental Health Treatment Plan. If the GP determines that the patient requires a GP Mental Health Treatment Plan in addition to the management plan prepared by the psychiatrist, the GP is able to prepare a GP Mental Health Treatment Plan using item 2702 or 2710.

How will Medicare Australia know which item number I can Claim?

By 11th December 2009, the GPMHSC will provide Medicare Australia with a list of those GPs who have completed the requisite training and therefore eligible to access the higher schedule fee (MBS 2710). GPMHSC will advise Medicare Australia of GPs who complete accredited Mental Health Skills Training (approx 2-6 weeks).

If a GP who is not registered with Medicare Australia as having completed training claims item 2710, the claim will be rejected and will not automatically default to 2702.

If you are unsure if you have completed Mental health Skills Training, contact GPMHSC (03) 8699 0554/0556 or at gpmhsc@racgp.org.au

2009-10 May Budget Changes to Better Access

There were three main changes to the Better Access Initiative introduced in the May Federal Budget:

1. Changing the name of the GP Mental Health Care Plan to GP Mental Health Treatment Plan
2. Requiring that GPs document a diagnosis of a mental disorder in the Plan from 1 July 2009
3. Introducing a new Medicare item for GPs who have not completed General Practice Mental Health Standards Collaboration (GPMHSC) accredited Mental Health Skills Training

GPs wishing to claim a higher rebate Medicare item number for a Mental Health Treatment Plan (Item 2710) must have completed an accredited Mental Health Skills Training course since 1 July 2001. If training has not been completed then GPs will need to claim item number 2702 and receive a lower rebate.

Mental Health Skills Training courses currently available

A comprehensive list of accredited courses is available on the RACGP website: Go to <http://www.racgp.org.au/gpmhsc/findtraining#nat>

GPs looking for a course in NSW are advised to check the lists for both NSW and National courses.

Please contact your PSO on 9663 5958 for further information.