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RACGP recommendations on mental health items used in general practice

Items considered

Item	Descriptor
2700	Preparation of a GP Mental Health Treatment Plan lasting at least 20 minutes (no additional mental health skills training)
2701	Preparation of a GP Mental Health Treatment Plan lasting at least 40 minutes (no additional mental health skills training)
2712	Mental health plan review
2713	Attendance relating to mental disorder and consultation lasting at least 20 minutes
2715	Preparation of a GP Mental Health Treatment Plan lasting at least 20 minutes (additional mental health skills training)
2717	Preparation of a GP Mental Health Treatment Plan lasting at least 40 minutes (additional mental health skills training)
Focused psychological strategies (FPS) - only applicable to GPs registered with Medicare Australia as having satisfied the requirements for higher level mental health skills for the provision of the service	
2721	Consultation room - lasting at least 30 minutes to less than 40 minutes
2725	FPS extended attendance - lasting at least 40 minutes

Issues/Themes

Patient access to mental health care unlikely to be meeting need

- While rates of access to mental health care plans are increasing, current levels do not reflect information from the national mental health survey that 1 in 5 people experience a mental disorder in a 12-month period.[1]
- Improving access to general practice mental health care has the potential to result in hospital avoidance and improved productivity and workforce participation.[2-5]
- Data on patient access to referred mental health services is limited and does not indicate that patients are receiving an evidence based minimum or adequate dose of psychotherapy when referred on to services via a mental health plan.
- There is not enough information per patient to determine if the treatment has worked. Allowing better assessment, planning and review in general practice may mean GPs will be better able to monitor patient progress and outcomes after having the time to match the patient's needs to services appropriately.
- Mental health assessment and planning need to be separated to allow GPs sufficient time and opportunity to assess patients' need for a plan, and for patient rebates to be available for such assessment. As it is clinically appropriate for patients to be assessed and have a mental

health plan prepared by their GP on the same day, co-claiming of assessment and planning items on the same day should be permitted.

Disparity between patient rebates for mental health care and chronic disease management (CDM)

- Patient rebates for access to mental health care are not equivalent to those for physical health care.
- Once an ICD-10 diagnosis has been made, it is not likely to resolve in a short period of time and there is a clear discrepancy between patient rebates available for providing care to a patient with an ongoing mental health issue compared to an ongoing physical health issue.
- Mental health plan preparation items include assessment and planning, whereas CDM items cover the planning element only. Moreover, patient rebates are available for both a care plan (item 721) and team care arrangement (item 723).
- Providing further support will allow GPs more time to assess the patient and better match services to their needs, initiating a GP mental health treatment plan and facilitating stepped-care approaches (eg e-Mental Health) prior to a referral if general practice-based interventions are not working.
- Currently, regular consultation items (item 36) are often used in lieu of mental health consultations (item 2713) as there is no incentive to bill for the mental health item.
- Mental health work does not have an equivalent team care arrangement item for GPs to use for complex referrals to psychologists and/or psychiatrists (which is the equivalent level of work to referring to multiple providers as a CDM TCA does).

Mental health reviews should be more highly valued and incentivised

- A new mental health plan should not be developed if the condition and patient's needs have not changed. Reviews of existing mental health treatment plans (item 2712) need to be encouraged and explanatory note A45 needs to be amended to allow for more frequent reviews than it currently promotes.
- Based on the understanding that having patients return is the best way to improve or confirm an intervention is having its intended outcome, GPs should plan the reviews depending on the patient's circumstances and mental health needs.
- Enhanced collaborative care should be available for appropriate patients.
- In addition to increased continuity of care, more use of patient review items could lead to less hospitalisation.

Access to GP-led mental health care in residential aged care facilities (RACFs)

- Restrictions on RACF patients accessing mental health services provided by GPs need to be removed.
  These services are available to other Australians via the Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access) initiative. Patients in RACFs must be supported to have equivalent access to mental health treatment plans and psychological therapies from their GP.

Stepped-care approach to mental health care

- There needs to be more opportunities for stepped-care approaches to mental health treatment, similar to that being proposed by the RACGP in its *Vision for general practice and a sustainable healthcare system,* the National Mental Health Commission's report of the National Review of Mental Health Programmes and Services[4] and in the draft Fifth National Mental Health Plan.[5]
- A stepped-care model encourages and supports mental health at the general practice level (eg GP psychotherapy). Increased continuity of care, reflected through increased stepped-care, can result in reduced secondary care costs (including admissions), especially for patients who access significant amounts of healthcare.[6]
- There needs to be incentives that encourage GPs (and patients) to consider less expensive, lower intensity interventions in situations where they are likely to be beneficial.

Uncoupling access to the GP focused psychological strategies (FPS)

- Uncoupling FPS sessions delivered by the GP from the pool of 10 allied health services patients are eligible to receive following preparation of a GP mental health plan would augment any additional psychological service provided by other practitioners (eg clinical psychologist, social worker or occupational therapist).
- Uncoupling in this way could encourage a stepped care approach and increase interest in training GPs in FPS.
- There is a group of patients who see GPs very frequently for long-term psychotherapy – valuable work that is poorly remunerated with limits on access. Uncoupling FPS sessions would recognise this important work without disadvantaging patients who subsequently decide to access allied health services.

Collaborative mental health care needs to be better supported

- Many patients would benefit from enhanced and ongoing collaborative care including patients:
    - with recurrent or relapsing mental health issue, particularly if higher acuity (eg K10 score 30 or above)
    - with identified risk factors for worse prognosis
    - seeing a wide range of health professionals for their mental health care
    - with multi-morbidity (both mental and physical health).
- Enhanced and ongoing collaborative care in mental health should be available to any patient with a Mental Health Treatment Plan (MHTP) where the GP deemed there was need for extra communication and collaboration with others involved in the patient's care, above and beyond the expected writing of a referral letter and the sharing of a copy of the MHTP.

Integrate mental health nurses into stepped care model

- In a stepped-care model, it would make sense to better involve counselling services co-located in the general practice. In addition to patients benefiting from the uncoupling of FPS item numbers, other patients would benefit from seeing a mental health nurse at the practice rather than going elsewhere. This kind of intermediate step does not exist currently,

due to restrictions placed on the current Mental Health Nurse Incentive Program (MHNIP) program.
- Mental health nurses need to be integrated across all levels of mental health care in the general practice setting.

Principles

- Patient rebates for mental health services should be equivalent to those available for providing care for chronic physical health issues
- Patient engagement and follow up is likely to be more valuable and contribute to better health outcomes over time than assessment and planning activities alone
- Opportunities for a stepped-care model should be greater, including through increasing availability of FPS sessions delivered by GPs and the enhanced use of mental health nurses in general practice settings
- Better tracking of patient access to services and monitoring of patient outcomes is required if stepped-care approaches to delivering mental health care services are to be implemented safely.

Recommendations

The recommendation table below addresses the broad changes that need to be made to the MBS as it currently stands in order for the RACGP's recommendations to be achieved.

#	Item/ Explanatory note	Change / Requirement	Purpose	Rebate value
1	2700, 2701, 2715, 2717 Explanatory notes A45	**Remove assessment requirement from mental health treatment plan items** Assessment should be removed as a requirement to complete a GP mental health treatment plan. Assessment can be billed as a consultation item (eg items 23, 36 or 44). An assessment item (eg item 23, 36 or 44) and GP mental health treatment plan should be allowed to be billed on the same day, provided the plan is completed over and above the time of assessment. The relevant explanatory notes on mental health assessment should be retained to guide assessment before a plan is commenced.	Support mental health treatment at parity with CDM rebate value and content. Provide an appropriate patient rebate for a mental health assessment at the time of the service (currently any consultations for mental health assessment are incorporated into the billing of the mental health plan, thus potentially discouraging more comprehensive assessment prior to planning).	
2	2700, 2715,	**Remove four mental health planning items and replace with two items, not time tiered, with appropriate patient rebate value**	Support mental health treatment at parity with CDM rebate value.	Proposed: $144.25 for a MHP for a trained GP (Item 2715) $105 for GPs who have not completed training (Item 2700)
3	Two new items (to be used in conjunction with mental	**Introduce items to support collaborative care for patients with mental health issues – named "Collaborative care"** Where a patient has complex needs and detailed	Support mental health treatment at parity with CDM rebate value and content. Recognise complexity in referring for	Proposed $114.30 for initial collaborative care $72.05 for subsequent collaborative care

#	Item/ Explanatory note	Change / Requirement	Purpose	Rebate value
	health planning item(s))	referral to a psychiatrist or psychologist is required, GPs should have access to an item for initially preparing a referral and subsequently reviewing the referral. These items would only available for GPs with Level 1 Mental Health Training and could be used in conjunction with a mental health plan review item (item 2712) if the plan was reviewed on the same day. See Appendix 1 for the detailed explanation in regard to this item number	psychological/psychiatric services Incentivise mental health skills training.	
4	2712 Explanatory note 45	**Reviews of existing plans should be encouraged by removing the statements that suggest most patients only need two reviews per year** Explanatory note 45 currently states: “In general, most patients should not require more than two reviews in a 12-month period, with ongoing management through the GP Mental Health Treatment Consultation and standard consultation items, as required” This should be amended to: “A review can be conducted four weeks after preparation of a mental health plan and then every three months for the duration of the plan. Frequency of review should be determined based on patient need and complexity of care.”	Provide clarity on the number of mental health reviews that can be completed in a year Recognises the need to allow more regular follow up depending on needs of a patient with a mental health plan	Current: $71.70 Proposed: $88.75
5	2713	**Apply additional loading to item 2713** There is currently no support to use item 2713 over item 36. In fact, there is a financial disincentive to bill item 2713 for a 30-minute consultation.	Incentivise mental health skills training Only available for GPs who have done level one mental health training.	Current: $71.70 Proposed: $88.75

#	Item/ Explanatory note	Change / Requirement	Purpose	Rebate value
		The average percentage loading between the current untrained and trained mental health planning items is 23.75%. The value of item 2713 should be increased to reflect training value: $71.70 + 23.75% = $88.75 Making item 2713 an incentive for Level 1 mental health skills training would ensure GP training providers maintain or develop mental health skills beyond that required by the general practice curricula.		
6	2721, 2725	**Uncouple focused psychological strategies** Uncouple access to FPS from the pool of 10 allied health services patients are eligible to receive following preparation of a GP mental health plan. This would augment any additional psychological service provided by other practitioners (eg mental health nurse, clinical psychologist) and should be a separate pool. There is a group of patients who see GPs very frequently for long-term psychotherapy, which is valuable work that is poorly supported with access currently limited. There is a higher level of care being provided by GPs offering these services.	Provide greater options for stepped care approach within the general practice setting. Incentivise FPS training.	Current: $92.75 (2721) $132.75 (2725) Proposed: *An appropriate loading needs to be applied to recognise a higher level of training*

#	Item/ Explanatory note	Change / Requirement	Purpose	Rebate value
7	2721, 2725	**Uncap the number of FPS services available to patients**	Provide greater options for stepped care approach within the general practice setting. Incentivise FPS training.	Current: $92.75 (2721) $132.75 (2725) Proposed: *An appropriate loading needs to be applied to recognise a higher level of training*
8	Explanatory note A45	**Remove restriction on access to GP mental health items for patients in RACFs**	Provide equivalent access to mental health services for RACF patients	No change
9	Explanatory note A45	**More clearly state that item 2713 is to be used for people who have a diagnosis, are on a mental health care plan, and consent to a GP mental health treatment consultation**	Clarify the use of item 2713 and the need for patient informed consent	No change
10	Explanatory note A45	**More clearly state that a GP includes the number of services (up to six) when referring to a psychologist.**	Provide clarity on referral restrictions around mental health services and improve communication of same between providers.	No change

References

1. National survey of mental health and wellbeing: Summary of results. Report. Australian Bureau of Statistics, 2007.

2. National Health Workforce Strategic Framework. Sydney: Australian Health Ministers' Conference, 2004.

3. The National Review of Mental Health Programmes and Services. National Mental Health Commission 2014.

4. Contributing lives, thriving communities. Report of the National Review of Mental Health Programmes and Services. Sydney: National Mental Health Commission, 2014.

5. Fifth National Mental Health Plan (Draft for consultation). The Department of Health, 2016.

6. Barker I, Steventon A, Deeny SR. Association between continuity of care in general practice and hospital admissions for ambulatory care sensitive conditions: cross sectional study of routinely collected, person level data. BMJ. 2017;356(84).

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MBS item numbers for enhanced and ongoing collaborative care in mental health

The proposed MBS item numbers for enhanced and ongoing collaborative care in mental health would be aligned with the value of the current Team Care Arrangement (TCA) item number. They would apply to any patient with a Mental Health Treatment Plan (MHTP) where the GP deemed there was need for extra communication and collaboration with others involved in the patient's care on an ongoing basis, **above and beyond the expected writing of a referral letter and the sharing of a copy of the MHTP**.

Patient selection for this item number might include a patient:

- with recurrent or relapsing mental health issue, particularly if higher acuity (eg K10 score 30 or above)
- with identified risk factors for worse prognosis
- seeing a wide range of health professionals for their MH care
- with multi-morbidity (both mental and physical health).

Enhanced collaborative mental health care

To be eligible for these items, a patient would be required to have an existing MHTP and the item must be billed by the patient's current treating GP (ideally the GP who completed the plan, except in exceptional circumstances where that GP was not available - eg patient relocating to new town).

The form of collaboration could be via letter, secure messaging, telephone, or face to face.

The collaboration would be with the patient's consent and would include communication with *at least one* mental health professional (eg psychologist, mental health nurse, psychiatrist, mental health social worker or occupational therapist) and also (where applicable) the patient's nominated carer.

The billing of this item could be limited to no more than 4 times per year (not billable within 4 weeks of last use), except in exceptional circumstances (eg when patient moves to a different practice). Over-servicing would be identified based on population norms (ie the percentage of patients with MHTPs also being billed for this item number).

The purpose of the interaction would include any or all of the following content:

- to clarify goals of treatment
- to agree on shared care principles (as per GPMHSC or PMHA or RANZCP guidelines for inter-professional collaboration)
- to provide support and psychoeducation for a patient's carer regarding their role in the implementation of the plan.

The outcome of the collaboration must be documented in the patient's file.