



20 October 2011

Changed member systems and care models for mental healthcare post 1 November 2011

The changes to Better Access general practice mental health item numbers announced in the May budget will come into effect on 1 November 2011. After 1 November 2011, practices may require revised practice systems and billings in order to continue delivering high quality patient care.

The College has been contacted by many general practitioners and practices expressing their concerns regarding these cuts, and the subsequent impact these changes will have on their patients and practice viability.

In response to the expected funding cuts, general practices have developed a range of alternative systems to ensure that, as much as possible, patient needs continue to be met.

Four examples of practice scenarios presented to the College by members, and the newly adopted systems and funding models they will adopt post 1 November 2011, are provided below. They represent a diversity of practice models and patient service needs nationally. We share them as a member service, whilst awaiting the outcomes of the Senate Inquiry, for the information of members nationally.

The RACGP will continue to lobby the Government to ensure patients with mental health issues receive the high quality care they deserve. Members who have any questions or concerns regarding the new mental health item numbers, can contact the RACGP Policy & Practice Support Unit at advocacy@racgp.org.au.

Practice 1

Practice 1 is a large private practice located in the northern suburbs of Melbourne.

After reviewing the new item numbers, Practice 1 has determined that it can no longer afford to continue bulk-billing mental health services through the Better Access program.

Therefore, in order to continue delivering mental healthcare for patients, general practitioners will charge a patient co-payment for all mental health services based on the Australian Medical Association (AMA) *List of Services and Fees* (available for AMA members at <http://ama.com.au/feelist>)

Practice 2

Practice 2 is a bulk-billing community clinic in central Brisbane, and is unable to charge a patient co-payment due to its service charter.

The practice will no longer be able to utilise the 40+ minute 2710 option (new MBS item 2717) as the 48% reduction in patient rebate renders it non-viable for the practice. The practice therefore reviewed opportunities, where possible, to utilise the 20+ minute 2710 option (new MBS item 2715) in combination with other appropriate MBS items. Practice 2 has identified that patients commonly present with interlinked mental and physical conditions. Patients are therefore eligible for MBS item numbers 23 or 36 in addition to the associated mental health item number, which will both optimally support patients and practice viability. The practice has rarely utilised these previously, but noted that this was appropriate, provided any claim for item numbers 23 or 36 fulfilled the requirements of the consult item and was reflected in the patient records. In addition, when billing for a separate consultation item number in conjunction with a mental health item, Practice 2 identified that the patient's invoice or Medicare voucher should be annotated "separate consultation clinically required/indicated".

Furthermore, after reviewing the MBS item numbers for mental health, Practice 2 noted that general practitioners in the practice are currently underutilising MBS item number 2713, and has determined to better incorporate the item number into practice billings when delivering mental health services.

2713 will now be used to its full capacity, including taking a relevant history, identifying the patient's presenting problems (if not previously documented), providing treatment, advice and/or referral for other services or treatment, and other relevant mental healthcare where applicable.

Practice 3

Practice 3 is a medium sized private rural general practice in Queensland that employs a practice nurse with mental health skills. As most private psychologists do not bulk bill patients referred to them from this practice, the general practitioners are using other alternatives to effectively manage these patients - typically from lower socio-economic groups.

Practice 3 has determined, where possible, to use General Practice Management Plans (GPMP) and Team Care Arrangements (TCAs) with the involvement of the general practitioner, the practice nurse, and the various services that refer to/utilise general practice services.

The general practitioner will be the clinical case manager and determinant of key interventions most likely to assist the patient. The practice nurse's duties will also be crucial, and include coordination of services, lifestyle education, mental health screening and assessment, and some cognitive behavioural therapy.

Following the development of the GPMP and TCA by the general practitioner, and practice nurse, the patient will be referred where appropriate for 5 MBS-funded allied health sessions with available social workers, or other support services.

Practice 4

Practice 4 is a small and very busy private general practice located in the western suburbs of Sydney.

After reviewing the new patient rebates for general practice mental health services, Practice 4 has determined that it can no longer afford to bulk-bill patients through the Better Access program.

The practice will thus refer appropriate mental health patients to local public state-based mental health services.

Disclaimer

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular practices or circumstances. Nor is this publication exhaustive of the subject matter. Whilst the text is directed to health professionals possessing appropriate qualifications and skills in ascertaining and discharging their professional (including legal) duties, persons implementing any recommendations contained in this publication must exercise their own independent skill or judgment or seek appropriate professional advice relevant to their own particular circumstances when so doing.

Accordingly The Royal Australian College of General Practitioners and its employees and agents shall have no liability (including without limitation liability by reason of negligence) to any users of the information contained in this publication for any loss or damage (consequential or otherwise), cost or expense incurred or arising by reason of any person using or relying on the information contained in this publication and whether caused by reason of any error, negligent act, omission or misrepresentation in the information.