

Patient Pathways

Identify Patient as having a Mental Disorder

Access to Psychiatrists
Refer to a Psychiatrist

From 1 November GPs should use the new GP Mental Health Care Items for patients who require a new mental health plan

Treatment / Referral Options

Step 1
Assessment &
MH Plan
Item Number: 2710

Psychological Therapies
Psycho-education
Cognitive Behavioural Therapy
Other evidence-based therapies
as considered clinically relevant

By:
Clinical Psychologists
(registered with Medicare Australia)

Chronic Disease Management GP Management Plan (GPMP) & Team Care Arrangement (TCA)

Where a patient has a mental disorder as well as complex health care needs (eg. co-morbidities) requiring team-based care, the GP is able to use both the CDM items (for team-based care) and the GP Mental Health Care items

Better Access (GP Mental Health Care Plan & Review, GP Mental Health Care Consultation)

Step 2
Review
(4 weeks to 6 months from plan)
Item Number: 2712

Focused Psychological
Strategies (FPS)
Derived from psychological
therapies:
Psycho-education
Cognitive Behavioural Therapy
Relaxation strategies
Skills training
Interpersonal Therapy

By:
Appropriately trained GPs
Psychologists
Social Workers (with mental
health training)
Occupational Therapists (with
mental health training)
(All registered with Medicare
Australia)

Better Outcomes in Mental Health Care

3 Step Mental Health Process
Now incorporated in Better Access items. 3 Step items available until 30 April 2007 to finish services commenced but not completed by 1 November 2006

GP Mental Health Consultation
20 min+ consultation
Available for patients with a mental disorder including for patients being managed under a GP Mental Health Care Plan
May be used for ongoing management of a patient with a mental disorder
Item Number: 2713

Step 3
Further Review if required
(3 months after initial review)
(Generally no more than 2 reviews in a 12 month period)
Item Number: 2712

GENERAL INFORMATION

Your patient can access rebateable services by clinical psychology or other allied mental health services, if they are being managed by the GP under a GP Mental Health Care Plan or under a psychiatrist assessment and management plan (Item 291).

Referral for up to 12 Group sessions and up to 12 Individual sessions

(including Better Outcomes in Mental Health Care FPS Services provided through ATAPS - still available through Divisions of General



Australian Divisions of **General Practice**

IMPORTANT: GPs should refer to the Medicare Benefits Schedule for details of the requirements for these items—[click here](#)

GP Mental Health Care Plan

Provides a structured approach for the management of patients with mental disorders

Patient Assessment

Record the patient's agreement for this service

Relevant history taking
Mental state examination

Assessing associated risk and co-morbidity

Diagnosis/
Formulation

Administration of an outcome tool (except where considered clinically inappropriate)

Preparation of the GP Mental Health Care Plan

Discuss assessment with the patient
Discuss referral & treatment options
Agree goals with the patient and any patient actions
Provision of psycho-education
Crisis Intervention and/or Relapse prevention plan, if appropriate at this stage
Arrange for required referrals, treatment etc
Document all in the patient's GP Mental Health Care Plan

Claim Item Number 2710

100% rebate \$150

The GP Mental Health Care Plan

Eligible patients are those with a mental disorder who would benefit from a structured approach to the management of their care needs. In addition to normal referral arrangements, patients with a GP Mental Health Care Plan are eligible for access for up to 12 Medicare rebates per calendar year for focussed psychological strategies or psychological therapies – (six initial services with possibility of re-referral for a further 6 services subject to GP assessment of need) A rebate will not be paid within 12 months of a previous claim for the same item or within 12 months of a claim for a 3-Step Mental Health Process—1 per patient per calendar year or within 3 months following a claim for a review
A new plan should not be prepared unless clinically required

GP Mental Health Care Review

Enables a review of the patient's progress against the goals outlined in the GP Mental Health Care Plan

Record the patient's agreement for this service

Review patient's progress against the goals of the GP Mental Health Care Plan

Modify documented GP Mental Health Care Plan if necessary

Check, reinforce, expand education

Crisis intervention and/or relapse prevention plan – if appropriate and not provided previously

Re-administration of the outcome tool used in the assessment stage – except where considered clinically inappropriate

Claim Item Number 2712

100% rebate \$100

The GP Mental Health Care Review

Initial Review between 4 weeks and 6 months after the completion of the GP Mental Health Care Plan
Further review 3 months after the first review if required
The review item may also be used where a psychiatrist has prepared an assessment and management plan, (Item 291) for GP management of a patient
A rebate will not be paid within 3 months of a previous claim for the same item or within 4 weeks of a claim for a GP Mental Health Care Plan item.

GP Mental Health Consultation

An extended consultation with a patient where the primary treating problem is related to a mental disorder

Take relevant history and identify patient's presenting problems (if not previously documented)

Provide treatment, advice and/or referral for other services and treatment

Document the outcomes of the consultation in the patient's medical records and other relevant mental health plan (where applicable)

Claim Item Number 2713

100% rebate \$66

The GP Mental Health Consultation

Consultations should be at least 20 minutes duration
May be used for ongoing management of a patient with a mental disorder, including for patients being managed under a GP Mental Health Care Plan



GP Mental Health Care Medicare items

Q: What are the new GP Mental Health Care items?

A: From 1 November 2006 new GP Mental Health Care items will be available on the Medicare Benefits Schedule (MBS).

The new items provide a structured framework for GPs to undertake early intervention, assessment and management of patients with mental disorders, as well as providing new referral pathways to clinical psychologist and allied mental health service providers. These items are based on a similar model of care – assess, plan and review – as the Better Outcomes in Mental Health Care 3 Step Mental Health Process.

Q: What is a GP Mental Health Care Plan?

A: GPs will be able to develop care plans for treatment and continuing management of patients where this is appropriate. A GP Mental Health Care Plan will involve the GP assessing the patient, identifying needs, setting and agreeing management goals, identifying any action to be taken by the patient, selecting appropriate treatment options and arrangements for ongoing management of the patient, and documenting this in the plan. GPs will be able to provide ongoing patient management through new review and consultation items.

Q: What is a mental disorder for the purposes of the mental health care items?

A: Mental disorder is a term used to describe a range of clinically diagnosable disorders that significantly interfere with an individual's cognitive, emotional or social abilities. This includes patients with mental disorders arising from:

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

Dementia, delirium, tobacco use disorder and mental retardation are not regarded as mental disorders for the purposes of the GP Mental Health Care items.

Q: Do the GP Mental Health Care items have a mandatory training requirement?

A: Although it is not mandatory, it is strongly recommended that GPs providing mental health care using the new GP Mental Health Care items have completed appropriate mental health training (in addition to normal medical training), such as training recognised through the General Practice Mental Health Standards Collaboration.

There is funding available through the Better Access initiative to support education and training.

Q: When can a GP refer a patient for other services?

A: Patients may be referred for treatment and services under normal GP referral arrangements at any time.

Referrals for Medicare rebateable Psychological Therapies or Focussed Psychological Strategies should be provided, as required, in two groups of up to six sessions, with the need for the second group of sessions to be reviewed by the GP after the initial six sessions. This can be done using a GP Mental Health Care Review, a GP Mental Health Care Consultation or a standard consultation item.

In addition, eligible patients will also be able to receive up to 12 group therapy services in a calendar year where such services are possible and seen as appropriate by the provider. This maximum of 12 group services may be made up of psychological therapy services, FPS – allied mental health services, or a mix of both.

Q: How do the new GP Mental Health Care items relate to the 3 Step Mental Health Process?

A: The 3 Step Mental Health Process (incentive payment ‘trigger’) items, through the Practice Incentives Program (PIP), will run in parallel to the new GP Mental Health Care items from 1 November 2006 to 30 April 2007.

The 3 Step Mental Health Process incentive payment and associated MBS trigger items will be withdrawn from 1 May 2007.

From 1 November 2006, it is anticipated that patients with a mental disorder will be managed under the new GP Mental Health Care items (items 2710, 2712 and 2713). The 3 Step Mental Health Process items cannot be used in addition to the new GP Mental Health Care Plan and Review items for treatment of the same patient.

Q: How do the new GP Mental Health Care items relate to the CDM items?

A: The Chronic Disease Management (CDM) Medicare items continue to be available for patients with chronic medical conditions, including patients needing multidisciplinary care. The CDM items have not changed.

The GP items in this initiative are based on a similar model of care – assess, plan and review – as the BOIMHC 3 Step Mental Health Process. The GP items are also based on a similar structure to the Chronic Disease Management items, except that GP referral to clinical psychologists and allied mental health services does not require team care arrangements. These referral pathways reflect the different needs of patients with a mental disorder.

Wherever possible, patients should have only one plan for primary-care management of their mental disorder. The creation of multiple plans should be avoided unless the patient clearly requires an additional plan to manage a separate medical condition.

Q: Is there a limit on the number of GP Mental Health Care Consultation items that can be claimed per year?

A: There is no limit or "cap" on the number of GP Mental Health Care Consultation items that can be claimed by a medical practitioner for services to eligible patients. This item is for an extended consultation with a patient where the primary treating problem is related to a mental disorder, including for patients being managed under a GP Mental Health Care Plan. The GP Mental Health Care Consultation item may be used for ongoing management of a patient with a mental disorder. However, it should not be used for the development of a GP Mental Health Care Plan and cannot be used at the same time as the GP Mental Health Care Plan or Review items.

Q: What information is available about the new GP Mental Health Care items?

A: More detailed information is available at www.health.gov.au or by calling Medicare Australia on 132 150 (for GPs) or 132 011 (for patients). New MBS items are subject to the normal MBS regulatory approval process.