

EXPLANATORY NOTES

A.32 GP Mental Health Care Items (Items 2710 to 2713)

A.32.1 This note provides information on the new GP Mental Health Care items 2710, 2712, 2713. It includes an overview of the new items, patient and provider eligibility, what activities are involved in providing services rebated by these items, links to other Medicare items and additional claiming information.

Overview

A.32.2 These new items define services for which Medicare rebates are payable where GPs undertake early intervention, assessment and management of patients with mental disorders. They include referral pathways for treatment by psychiatrists, clinical psychologists and other allied mental health workers. These items complement the new mental health items for psychiatrists (items 296 - 299), clinical psychologists (items 80000 - 80020) and allied mental health providers (items 80100 - 80170).

A.32.3 The new GP Mental Health Care items incorporate a model for best practice primary health care of patients with mental disorders, including patients with both chronic or non-chronic disorders, that comprises:

- assess and plan;
- provide and/or refer for appropriate treatment and services;
- review and ongoing management as required.

Who can provide

A.32.4 The new GP Mental Health Care Plan, Review and Consultation items are available for use in general practice by medical practitioners, including general practitioners but excluding specialists or consultant physicians. The term 'GP' is used in these notes as a generic reference to medical practitioners able to claim these items.

A.32.5 It is strongly recommended that GPs providing mental health care using these items have appropriate mental health training, such as training recognised through the General Practice Mental Health Standards Collaboration. GP organisations support the value of appropriate mental health training for GPs using these items.

What patients are eligible - Mental Disorder

A.32.6 These items are for patients with a mental disorder who would benefit from a structured approach to the management of their care needs. 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 (Refer to the World Health Organisation, 1996, Diagnostic and Management Guidelines for Mental Disorders in Primary Care: ICD-10 Chapter V Primary Care Version). Dementia, delirium, tobacco use disorder and mental retardation are not regarded as mental disorders for the purposes of the GP Mental Health Care items.

A.32.7 These GP services are available to eligible patients in the community. GP Mental Health Care Plan and Review services can also be provided to private in-patients (including private in-patients who are residents of aged care facilities) being discharged from hospital, where the GP who provides the GP Mental Health Care item is providing in-patient care: in this case the item is claimed as an in-hospital service (at 75% MBS rebate). GPs are able to contribute to care plans for patients (including public patients being discharged from hospital) using item 729, Contribution to a Multidisciplinary Care Plan, and to care plans for residents of aged care facilities using item 731.

PREPARING A GP MENTAL HEALTH CARE PLAN – (Item 2710)

What is involved - Assess and Plan

A.32.8 A rebate can be claimed once the GP has undertaken an assessment and prepared a GP Mental Health Care Plan by completing the steps from A.32.9 to A.32.17 and meeting the relevant requirements listed under A.32.30 to A.32.39 (Additional Claiming Information). This item covers both the assessment and preparation of the GP Mental Health Care Plan. Where the patient has a carer, the practitioner may find it useful to consider having the carer present for the assessment and preparation of the GP Mental Health Care Plan or components thereof (subject to patient agreement).

A.32.9 Assessment

An assessment of a patient must include:

- recording the patient's agreement for the GP Mental Health Care Plan service;
- taking relevant history (biological, psychological, social) including the presenting complaint;
- conducting a mental state examination;
- assessing associated risk and any co-morbidity;
- making a diagnosis and/or formulation; and
- administering an outcome measurement tool, except where it is considered clinically inappropriate.

A.32.10 The assessment can be part of the same consultation in which the GP Mental Health Care Plan is developed, or can be undertaken in different visits. Where separate visits are undertaken for the purpose of assessing the patient and developing the GP Mental Health Care Plan, they are part of the GP Mental Health Care Plan service and are included in item 2710.

A.32.11 In order to facilitate ongoing patient focussed management, an outcome measurement tool should be utilised during the assessment and the review of the GP Mental Health Care Plan, except where it is considered clinically inappropriate. The choice of outcome measurement tools to be used is at the clinical discretion of the practitioner. GPs using such tools should be familiar with their appropriate clinical use, and if not, should seek appropriate education and training.

A.32.12 *Preparation of a GP Mental Health Care Plan*

In addition to assessment of the patient, preparation of a GP Mental Health Care Plan must include:

- discussing the assessment with the patient, including the mental health formulation and/or diagnosis;
- identifying and discussing referral and treatment options with the patient, including appropriate support services;
- agreeing goals with the patient – what should be achieved by the treatment - and any actions the patient will take;
- provision of psycho-education;
- a plan for crisis intervention and/or for relapse prevention, if appropriate at this stage;
- making arrangements for required referrals, treatment, appropriate support services, review and follow-up; and
- documenting this (results of assessment, patient needs, goals and actions, referrals and required treatment/services, and review date) in the patient's GP Mental Health Care Plan.

A.32.13 Treatment options can include referral to a psychiatrist; referral to a clinical psychologist for psychological therapies, or to an appropriately trained GP or allied mental health professional for provision of focussed psychological strategy services; pharmacological treatments; and coordination with community support and rehabilitation agencies, mental health services and other health professionals.

A.32.14 Patients may be referred for treatment and services under normal GP referral arrangements. In addition, once a GP Mental Health Care Plan has been completed and claimed on Medicare, a patient is eligible for access to up to twelve Medicare rebates per calendar year for clinical psychology or focussed psychological strategy services (with provision for exceptional circumstances, see A.32.27 to A.32.29). Patients will also be eligible to claim up to 12 separate services for the provision of group psychotherapy.

A.32.15 Where a patient is being referred for other treatment or services the necessary referrals should be made after the steps above have been addressed and the patient's GP Mental Health Care Plan has been completed. It should be noted that the patient's mental health care plan should be treated as a living document for updating as required. In particular, the plan can be updated at any time to incorporate relevant information, such as feedback or advice from other health professionals on the diagnosis or treatment of the patient.

A.32.16 On completion of a course of treatment provided through Medicare rebateable services, the service provider must provide a written report on the course of treatment to the GP.

A.32.17 Many patients will not require a new plan after their initial plan has been prepared. A new plan should not be prepared unless clinically required, and generally not within 12 months of a previous plan. Ongoing management can be provided through the GP Mental Health Care Consultation and standard consultation items, as required, and reviews of progress through the GP Mental Health Care Plan Review item. A rebate for preparation of a GP Mental Health Care Plan will not be paid within 12 months of a previous claim for the patient for the same item or within 12 months of a claim for a 3 Step Mental Health Process (items 2574, 2575, 2577, 2578 and 2704, 2705, 2707, 2708) or within three months following a claim for a review (item 2712), other than in exceptional circumstances (see A.32.38 – A.32.39).

REVIEWING A GP MENTAL HEALTH CARE PLAN – (Item 2712)

A.32.18 The review item is a key component for assessing and managing the patient's progress once a GP Mental Health Care Plan has been prepared, along with ongoing management through the GP Mental Health Care Consultation item and/or standard consultation items. A patient's GP Mental Health Care Plan should be reviewed at least once.

A.32.19 A rebate can be claimed once the GP who prepared the patient's GP Mental Health Care Plan (or another GP in the same practice or in another practice where the patient has changed practices) has undertaken a systematic review of the patient's progress against the GP Mental Health Care Plan by completing the activities at A.32.20 to A.32.22 and meeting the relevant requirements listed under A.32.30 to A.32.39 (Additional Claiming Information). The review item can also be used where a psychiatrist has prepared a referred assessment and management plan (item 291), as if that patient had a GP Mental Health Care Plan. The review service must include a personal attendance by the GP with the patient.

A.32.20 The review 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 Care Plan;
- modification of the documented GP Mental Health Care Plan if required;

- checking, reinforcing and expanding education;
- a plan for crisis intervention and/or for relapse prevention, if appropriate and if not previously provided; and
- re-administration of the outcome measurement tool used in the assessment stage, except where considered clinically inappropriate.

Note: This review is a formal review point only and it is expected that in most cases there will be other consultations between the patient and the GP as part of ongoing management.

- A.32.21 The recommended frequency for the review service, allowing for variation in patients' needs, is:
- an initial review, which should occur between four weeks to six months after the completion of a GP Mental Health Care Plan; and
 - if required, a further review can occur three months after the first review.

In general, most patients should not require more than two reviews in a 12 month period, with ongoing management through the GP Mental Health Care Consultation and standard consultation items, as required.

A.32.22 A rebate will not be paid within three months of a previous claim for the same item or within four weeks following a claim for a GP Mental Health Care Plan item other than in exceptional circumstances (see A.32.38 – A.32.39).

GP MENTAL HEALTH CARE CONSULTATION – (Item 2713)

A.32.23 The GP Mental Health Care Consultation item is for an extended consultation with a patient where the primary treating problem is related to a mental disorder, including for a patient being managed under a GP Mental Health Care 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 Care Plan.

A.32.24 A GP Mental Health Care Consultation must include:

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

A.32.25 A patient may be referred from a GP Mental Health Care Consultation for other treatment and services as per normal GP referral arrangements. This does not include referral for Medicare rebateable services by focussed psychological strategy services, clinical psychology or other allied mental health services, unless the patient is being managed by the GP under a GP Mental Health Care Plan or under a referred psychiatrist assessment and management plan (item 291).

A.32.26 Consultations associated with this item must be at least 20 minutes duration.

REFERRAL

A.32.27 Patients may be referred for treatment and services under normal GP referral arrangements. In addition, once a GP Mental Health Care Plan has been completed and claimed on Medicare, or a GP is managing a patient under a referred psychiatrist assessment and management plan (item 291), a patient is eligible for access to up to twelve Medicare rebates per calendar year for services by:

- clinical psychologists providing psychological therapies; or
- appropriately trained GPs or allied mental health professionals providing focussed psychological strategy (FPS) services.

Patients can also be referred for FPS services under Access to Allied Psychological Services (ATAPS), available through Divisions of General Practice.

In addition to the above services, patients will also be eligible to claim up to 12 separate services for the provision of group psychotherapy.

A.32.28 Referrals for patients with either a GP Mental Health Care Plan or referred psychiatrist assessment and management plan (item 291) should be provided, as required, in up to two groups of 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 Plan Review, a GP Mental Health Care Consultation or a standard consultation item.

A.32.29 Patients are eligible for up to twelve Medicare rebateable services per calendar year with provision for a further referral for up to an additional six services able to be made in exceptional circumstances. Where referrals are provided in exceptional circumstances, both the patient's mental health care plan and referral should be annotated to briefly indicate the reason why the service involved was required in excess of the 12 services permitted within a calendar year.

ADDITIONAL CLAIMING INFORMATION

A.32.30 Before proceeding with any GP Mental Health Care Plan or Review service the GP must ensure that:

- (a) the steps involved in providing the service are explained to the patient and (if appropriate and with the patient's permission) to the patient's carer; and
- (b) the patient's agreement to proceed is recorded.

A.32.31 Before completing any GP Mental Health Care Plan or Review service and claiming a benefit for that service, the GP must offer the patient a copy of the care plan or reviewed care plan and add the document to the patient's records. This should include, subject to the patient's agreement, offering a copy to their carer, where appropriate. The GP may, with the permission of the patient, provide a copy of the GP Mental Health Care Plan, or relevant parts of the plan, to other providers involved in the patient's care.

A.32.32 The GP Mental Health Care Plan, Review and Consultation items cover the consultations at which the relevant items are undertaken, noting that:

- (a) if a GP Mental Health Care item is undertaken or initiated during the course of a consultation for another purpose, the GP Mental Health Care Plan, Review or Consultation item and the relevant item for the other consultation may both be claimed;
- (b) if a GP Mental Health Care Plan is developed over more than one consultation, and those consultations are for the purposes of developing the plan, only the GP Mental Health Care Plan item should be claimed; and
- (c) if a consultation is for the purpose of a GP Mental Health Care 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.

A.32.33 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 (eg separate consultation clinically required/indicated).

A.32.34 A benefit is not claimable and an account should not be rendered until all components of the relevant item have been provided.

A.32.35 All consultations conducted as part of the GP Mental Health Care items must be rendered by the GP. A specialist mental health nurse, other allied health practitioner or Aboriginal Health Worker with appropriate mental health qualifications and training may provide general assistance to GPs in provision of mental health care.

Links to other Medicare Services

A.32.36 It is preferable that wherever possible patients have only one plan for primary care management of their mental disorder. As a general principle the creation of multiple plans should be avoided, unless the patient clearly requires an additional plan for the management of a separate medical condition.

A.32.37 The Chronic Disease Management (CDM) care plan items (items 721, 723, 725, 727, 729 and 731) continue to be available for patients with chronic medical conditions, including patients with complex needs.

- Where a patient has a mental health condition only, it is anticipated that they will be managed under the new GP Mental Health Care items.
- Where a patient has a separate chronic medical condition, it may be appropriate to manage the patient's medical condition through a GP Management Plan, and to manage their mental health condition through a GP Mental Health Care Plan. In this case, both items can be used.
- Where a patient has a mental health condition 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 GP Mental Health Care items.

Exceptional circumstances

A.32.38 There are minimum time intervals for payment of rebates for GP Mental Health Care items (as detailed above), with provision for claims to be made earlier than these minimum intervals in exceptional circumstances. 'Exceptional circumstances' apply where there has been a significant change in the patient's clinical condition or care circumstances that requires a new GP Mental Health Care Plan or a new Review, rather than, for example, amending the existing GP Mental Health Care Plan.

A.32.39 Where a service is provided in exceptional circumstances, the patient's invoice or Medicare voucher (assignment of benefit form) should be annotated to briefly indicate the reason why the service involved was required earlier than the minimum time interval for the relevant item (eg annotated as clinically indicated, discharge, exceptional circumstances, significant change etc).

Transitional Arrangements from 1 November 2006

A.32.40 The 3 Step Mental Health Process items that can be used to trigger Service Incentives Payments for completion of a 3 Step Mental Health process will run in parallel to the new GP Mental Health Care items from 1 November 2006 to 30 April 2007. These items cannot be used as well as the new GP Mental Health Care Plan and Review items. During the transition period GPs should choose to use the new items or the SIP trigger items, but not both for the same patient.