The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

25 January 2023

Mental Health Access Branch
Mental Health and Suicide Prevention Division
Australian Government Department of Health and Aged Care

By email to: psychologicalservices@health.gov.au

To whom it may concern

Re: RANZCP welcomes opportunity to respond to changes to the Better Access Initiative - Case Conferencing

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to give its views on proposed Medicare Benefits Schedule (MBS) items to facilitate mental health case conferences for patients being treated under the *Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS* (Better Access) initiative or an eating disorder treatment and management plan (EDTMP).

The RANZCP is the principal organisation representing the medical speciality of psychiatry in Australia and New Zealand and is responsible for training, educating and representing psychiatrists. The RANZCP represents more than 7700 members, including more than 5600 qualified psychiatrists.

The RANZCP recognises the efforts to improve affordable access to psychiatrists through strengthening the Medicare system. While it is the RANZCP's view that mental health patients should be able to be supported by a multidisciplinary team, the RANZCP highlights that the requirement for at least three eligible providers to attend a case conference is not practical given current workforce shortage issues. Therefore, the RANZCP recommends that the requirement be amended to the attendance of at least two eligible providers.

As noted in the RANZCP's submission to the National Mental Health Workforce Strategy 2021-2031, the RANZCP also highlights that psychiatrists should be adequately remunerated for the services they provide. The attached submission is informed by feedback from a range of members of the RANZCP's expert committees, including our MBS Review Working Group and Section of Private Practice Psychiatry.

If you have any queries regarding this letter, please contact Nicola Wright, Executive Manager, Policy, Practice and Research via nicola.wright@ranzcp.org or on 03 9236 9103.

Yours sincerely

Associate Professor Vinay Lakra
President

Ref: 3615

309 La Trobe Street, Melbourne VIC 3000 Australia
T +61 3 9640 0646 F +61 3 9642 5652
ranzcp@ranzcp.org www.ranzcp.org
ABN 68 000 439 047

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Proposed Changes to the Medicare Benefits Schedule - Mental Health Case Conferences

Australian Department of Health and Aged Care

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Improve the mental health of communities

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About the Royal Australian and New Zealand College of Psychiatrists (RANZCP)

The RANZCP is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP has more than 7,700 members including more than 5,600 qualified psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

Introduction

The RANZCP welcomes the opportunity to provide feedback on proposed Medicare Benefits Schedule (MBS) items to facilitate mental health case conferences for patients being treated under the Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access) initiative or an eating disorder treatment and management plan (EDTMP).

The RANZCP recognises the efforts to improve affordable access to psychiatrists through strengthening the Medicare system. Informed by feedback from a range of members of the RANZCP's expert committees, including our MBS Review Working Group and Section of Private Practice Psychiatry, the submission provides our response to the proposed MBS items.

RANZCP Submission

The RANZCP welcomes the inclusion of MBS items to facilitate mental health case conferences for patients being treated under the Better Access initiative or an EDTMP. In our pre-budget submission for the 2023-24 Australian Federal Budget, the RANZCP advocated for MBS items to support psychiatrists engaging in multidisciplinary cooperation, and forge connections between mental health, physical health, and other social services.

The merits of such cooperation are outlined in the National Mental Health and Suicide Prevention Agreement. Collaborative models of practice support patient access to holistic, patient-centred care, by providing clear treatment pathways for people with complex mental health presentations and/or circumstances. Patients with a mental health condition can achieve better access to a range of clinical expertise across services: geriatricians, paediatricians, psychologists and or general practitioners (GPs).

Supporting other clinicians (particularly primary care providers) to obtain psychiatric expertise and opinion through Medicare funded case conferences would also ameliorate the long waiting lists to see psychiatrists and widen patient access to mental health treatment. Such collaborative care is also a central component of efforts to achieve the actions of the Equally Well Consensus Statement, given the multiple comorbidities of people with a mental health condition.

While it is the RANZCP's view that mental health patients should be supported by a multidisciplinary team consisting of psychiatrists, GPs, and allied health professionals, the RANZCP highlights that the requirement for at least three eligible providers to attend a case conference is not practical given current workforce shortage issues. Therefore, the RANZCP recommends that the requirement be amended to the attendance of at least two eligible providers.

The RANZCP recognises the inclusion of case conferencing items as an appropriate response to recommendation 8 of the evaluation of Better Access Initiative: 'case conferencing item numbers announced in the 2022-23 October Federal Budget should also be used as a way of fostering more

collaborative care'. The RANZCP agrees with the evaluation's conclusion that a simple 'fee-for-service model does not reward mental health professionals for essential elements of good practice (e.g., case conferences between providers)' and that 'the process of referral and review by a GP or other medical practitioner is not always smooth'. Case conferencing items will smooth referral to specialities such as psychiatry via fostering communication and collaboration between providers engaged in shared care arrangements.

Whilst the RANZCP supports the inclusion of MBS items for case conferencing in principle, improvements are required to enhance their useability.

The proposed explanatory notes and definitions

As multidisciplinary teams vary enormously depending on the patient, the permutations surrounding these items must support flexibility for the patient's benefit. The RANZCP therefore recommends that the explanatory notes and definitions are amended to provide a clearer series of notes for the clinicians who use them. RANZCP members have informed us of the difficulty interpreting these items, and their fears of repercussions should the incorrect item be claimed by accident.

The proposed claiming requirements

The RANZCP stresses that the complexity of the claiming requirements may act as a deterrent to many psychiatrists. Quality multidisciplinary care, which is a central role of all clinical psychiatrists, may be better achieved by allowing for general timed consultations for multidisciplinary care in line with existing commonly used psychiatry item numbers (e.g., 304, 306). The RANZCP proposes this would improve psychiatrists' ability to navigate the system, reducing claiming errors and improving the efficiency of patient care.

The RANZCP welcomes the broad definition of a formal care provider, ensuring that varying types of carers can take part in case conferencing. Please see RANZCP Position Statement 76: Partnering with carers in mental healthcare for further information.

The proposed schedule fees

Whilst the RANZCP notes that the proposed MBS items align with the schedule fee for equivalent existing case conference items, these fees, like other psychiatry schedule fees, are insufficient to cover the cost of delivering these complex services. This means that psychiatrists struggle to provide affordable services to their patients. For Australians experiencing financial disadvantage, the subsequent cost of seeing a psychiatrist can mean delaying receiving a diagnosis or care. In keeping with recommendation 9 of the evaluation of the Better Access Initiative, 'determining appropriate levels for MBS fees', the proposed fees should be raised alongside others for psychiatry consultations. This will motivate high level specialist involvement and support psychiatrists to manage the complex process of organising a case conference.

Additional RANZCP Feedback

The RANZCP recommends extending the reach of case conference items to include liaison with family violence (FV) support services (housing, police and legal services). Individuals who have experienced FV can experience a variety of long-term, chronic mental health conditions. Women with pre-existing depression or major mental health disorders are also more vulnerable to experiencing intimate partner

violence victimisation and re-victimisation. The extension of eligibility would allow mental health practitioners to work within a multidisciplinary approach to identify, screen and care for people with mental illness in FV settings. These connections will also expand survivor access to specialist mental health care.

The RANZCP advises that the MBS items allow for the patient themself to take part in the mental health case conference team. The draft explanatory notes currently state 'The patient does not need to attend', which makes it unclear whether the patient is allowed to attend. If capable, the patient's presence would support the accountability of the case conference and allow for a greater understanding of their condition (arising from direct testimony). The RANZCP propose that this addition is included within the proposed definitions section, under the 'mental health case conference team for a patient' subsection.

Whilst the introduction of case conferencing items is welcomed, the RANZCP notes that their long-term success is dependent on the efficacy of governance procedures. Post implementation review procedures should assess the delivery of mental health case conferences through the scope of providing the highest standard of care to the patient - based on clinical judgement - rather than simply meeting permutations outlined by Medicare.

With the inclusion of items 855B, 857B and 858B, the RANZCP anticipates that items 855, 857 and 858 will still be in place for non-Better Access initiative case conferences. Noting that items 855, 857 and 858 are potentially subject to change arising from recommendations of the Specialist and Consultant Physician MBS Review Taskforce report, the RANZCP recommends that the feedback provided in this submission also applies to these.