

13 February 2015

The Independent Hospital Pricing Authority
PO Box 483
DARLINGHURST NSW 1300

Via Email: submissions.ihpa@ihpa.gov.au

Dear Sir/Madam,

Re: Australian Mental Health Care Classification - consultation request

As you may be aware, the Royal Australian College of General Practitioners (RACGP) is the specialty medical college for general practice in Australia, responsible for defining the nature of the discipline, setting the standards and curriculum for education and training, maintaining the standards for quality clinical practice and supporting general practitioners in their pursuit of excellence in patient care and community service.

The RACGP thanks the Independent Hospital Pricing Authority for the opportunity to provide input into the proposed Australian Mental Health Care Classification (AMHCC). We have provided responses to a number of the key consultation questions.

2. What are the most important considerations in the national context?

The RACGP notes that the international examples of mental health care classification provided, as well as the proposed national context, are very hospital centric. The national context needs to include mental health care provided in primary care. The definition of mental health care provided under the scope of the AMHCC is also vague. It is unclear if general practitioners (GPs) are included within this scope or if only psychologist and psychiatrist services have been considered.

5. Are there any other key considerations that should be taken into account in developing the AMHCC?

GPs provide effective first-line mental health care and entry into hospital-avoidance programs

Since the de-institutionalisation of mental health care, GPs provide the majority of mental health services in Australia. GPs are best placed to provide first-line mental health care and to coordinate overall patient care. It is the aim of a number of primary care-led mental health services to keep people out of hospital. An example of a type of care that supports people to stay out of hospital at low cost compared to some of the hospital-centric systems is the Mental Health Nurse Incentive Program. These programs risk being under-funded if they are not classified correctly as legitimate hospital-substitution activities.

GPs are best placed to be the starting point for someone seeking mental health treatment. It is the role of the GP to create a GP Mental Health Treatment Plan (GPMHTP) for an individual, which streamlines access to psychological services under the Better Access program. GPMHTPs are also used to refer patients to hospital and crisis care as well as to psychiatric care. In 2011-12, GPs and other medical practitioners completed more than 2.0 million GPMHTPs¹. This indicates rapid and substantial uptake by GPs and that a large proportion of Australia's population gained access to psychological care.

¹ Pirkis J, Ftanou M, Williamson M, Machlin A, Spittal MJ, Bassilios B, Harris M. Australia's Better Access initiative: an evaluation. Australian and New Zealand Journal of Psychiatry 2011a; 45: 726-739.



In 2009-10 Better Access represented more than half (53%) of all persons treated for a mental health issue². The final classification system needs to be flexible enough to operate in both a community and hospital setting.

6. Are there other cost drivers that should be considered in the development of the AMHCC?

Hospital based mental health care should be costed appropriately.

Whilst the RACGP strongly supports the provision of the majority of mental health care in the community, there are a proportion of patients who should be in hospital. The RACGP feels the proposed classifications determined by the AMHCC are comprehensive and appropriate for this purpose. The data collection at study sites should robustly inform the classification system, especially as it relates to potentials for cost shifting and over payment. The classification system needs to prevent inappropriate resource allocation, both in the primary and secondary health care sector.

The AMHCC needs to be able to accommodate the allocation of resources and costs through single, multiple and continuing periods of care for a patient. The system will also need to manage patients that shift between state, Commonwealth and private funding depending on the setting of care. Patients with mental illness in hospital may not get proper care if their mental health needs are not factored into the cost of hospital care.

11. Are there any further considerations that should be taken into account when developing the AMHCC?

The lifetime impact of chronic disease on mental health patients also needs to be considered. There are a large number of patients with multi-morbidity needing complex care. It is important that these patients' mental health care needs not be discounted because they are harder to classify. These patients are all still eligible for GPMHTP and an array of services offered in primary care that specifically focus on hospital substitution.

I would like to thank you for this opportunity to provide feedback. If you have any questions regarding this document, I encourage you to contact Ms. Michaela Lodewyckx, Acting Program Manager – Mental Health, via email at michaela.lodewyckx@racgp.org.au or by calling 03 8699 0554.

Yours sincerely

Dr Frank R Jones
President

² ibid