

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2011-2012, 30/31 May 2011

Question: E11-200

OUTCOME 11: Mental Health

Topic: CHANGING DOCTOR REBATES OR NUMBER OF PSYCHOLOGY SESSIONS

Written Question on Notice

Senator Fierravanti-Wells asked:

Where is the evidence in the Better Access program that justifies changing the doctor rebates or the number of psychology sessions? Refer page 43 Hansard 30 May

Answer:

The government considered a range of evidence in making its decision to make changes to the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Scheme (Better Access) program. This included data and summative findings from the independent evaluation of Better Access, Medicare Benefits data and the Bettering the Evaluation and Care of Health (BEACH) study data.

Rebates for Mental Health Treatment Plans

Currently the Better Access Medicare rebate paid to General Practitioners (GPs) for the development of a patient mental health treatment plans is untimed. From 1 November 2011, payments to GPs will be linked to the time spent on developing a Mental Health Treatment Plan, with the addition of an incentive for special training to maintain the high quality of care provided.

This change is based on evidence that the current untimed rebate provided for the development of Mental Health Treatment Plans does not reflect the actual time being taken by GPs to prepare these plans. BEACH and Medicare data that shows that:

- the median consultation length for a GP treatment plan was 28 minutes;
- over 80 per cent of plans were being completed in less than 40 minutes;
- over 90 per cent in less than 45 minutes; and
- 18.5 per cent were being completed in less than 20 minutes.

Currently the rebate for a Mental Health Treatment Plan is \$163.35, regardless of how long the GP takes to complete the plan. For a standard consultation under Medicare that lasts more than 40 minutes, GPs receive \$99.55. The Budget changes bring the Better Access rebate into line with a standard timed consultation under Medicare, but still gives GPs a 27 per cent premium on top of that if they complete six hours of mental health training:

- For GPs who have completed Mental Health Skills training, the rebate for a GP Mental Health Treatment Plan consultation of between 20 and 39 minutes will be \$85.92 and the rebate for a consultation of 40 minutes and more will be \$126.43 (currently \$163.35, regardless of duration).

- For GPs who have not completed Mental Health Skills training the rebate for a GP Mental Health Treatment Plan consultation of between 20 and 39 minutes will be \$67.65 and the rebate for a consultation of 40 minutes and more will be \$99.55 (currently \$128.20, regardless of duration).
- The rebate for GP Mental Health Review item 2712 and the GP Mental Health Consultation item 2713 will be \$67.65 (currently \$108.90 and \$71.85, respectively).

Psychology Services

From 1 November 2011, Medicare rebates for eligible people with a diagnosed mental disorder under Better Access will be capped at 10 individual allied mental health services per calendar year, from 12.

Following the initial course of treatment (a maximum of six services) consumers will be able to access four more sessions (to a maximum of 10 services per calendar year). They will also be eligible for a total of 10 group sessions per calendar year in addition to individual sessions.

This change was informed by the evidence from the independent evaluation of Better Access and Medicare data. The evaluation found that almost three-quarters of people who access services only needed between one and six sessions a year and the average number of mental health services received after a GP Mental Health Treatment Plan is five. According to usage data, the majority (87 per cent) of Better Access users received between one and ten sessions and will therefore be unaffected by this change.

The number of Medicare subsidised mental health care services are highly likely to continue to grow. No cap has been put in place on the number of people who are treated by Better Access and, as a demand driven program, all services that are clinically required will continue to be subsidised in line with the program's parameters.