

Australian Government Productivity Commission
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18th January, 2020

RE: DRAFT SUBMISSION. RECOMMENDATION 5.1. PSYCHIATRIC ADVICE TO GPs

Dear Commission,

This submission is made on behalf of ProCare Mental Health Services located in Newcastle New South Wales. For over 10 years, our community based not for profit organisation has helped empower mental health consumers and their carers through life's challenges. Our multidisciplinary team of mental health professionals makes us one of Australia's largest regional mental health clinics. We see consumers face to face, via telehealth, as well as operate the GP Psychiatry Support Line, a program currently funded by 8 PHNs in NSW. We are currently in discussion with several other PHNs based in Queensland and The Northern Territory who have contacted us because their GPs have heard about the service we provide and are keen to have it available in their area, and aim to have in place in 2020.

Our submission is focussed on the Commission's draft recommendation 5.1 - *Psychiatric Advice to GPs*. We agree with the RACGP and the Commission, who identified the need for GPs to access psychiatric advice, and the benefits that would have for consumers. The Commission's draft report infers that an MBS item be a replacement for the GP Psychiatry Support Line.

In our consultation with consumers, GPs, and Psychiatrists, it is clear that the established GP Psychiatry Support Line is very different to the suggested MBS item. It is worth noting that the demand for the service is growing and the existing GP Psychiatry Support Line continues to improve and expand to meet the needs of the health system. The service delivers sound results for GPs which empowers them to manage mental health consumers in primary care which in turn eases the burden of demand on the existing public and private health system.

Regarding timeliness, it is worth noting that the current GP Psychiatrist Support Line has a 100% call acceptance and 95 to 97% immediate and direct discussion between the GP and Psychiatrist at the time of the call, which is then supported by written response within 12 to 24 hours. The service also allows for pre-scheduled call back times and online bookings, offering the GP further convenience.

Prostate Survival Alliance Inc. trading as Hunter Prostate Cancer Alliance & trading as ProCare Mental Health Services is registered as a Health Promotion Charity and endorsed as a Deductible Gift Recipient by the Australian Taxation Office.

We also ask the Commission to consider the points following when developing their final report, which outline a number of foreseeable challenges to the draft recommendation 5.1.

(1) It will be most difficult to deliver the MBS Item in a timely manner, and will result in longer waiting times/reduced accessibility for consumers to see a mental health professional.

The resource is finite, that is there is a fixed number of psychiatrists. Therefore, psychiatrists will have to choose between providing the consultation service or seeing patients face to face. Whilst it may seem better to distribute the available resource to a consultation role for GPs therefore putatively making the resource more efficient, many factors have not been adequately considered in our opinion. This item would put further pressure on psychiatrists to fit extra appointments into their schedule, which may make waiting times even longer.

Will this process not just further disenfranchise the co-ordination of care between primary care and psychiatry by creating an expectation of a service, that in our opinion can only operate at scale due to pricing issues including but not limited to operational costs of such a service.

(2) The Cost of Coordination is not fully considered, and will be prohibitive.

Respectfully, we do not agree with the Commission's estimate of an under 15-minute Psychiatry session being only \$66 (footnote 5, p207 Volume 1). The Commission's estimate would be akin to an under 15 minute GP appointment. Our market research indicates the real figure for a psychiatry session is closer to double that amount.

The draft recommendation suggests that the MBS item will counter the high costs in operating a phone support service. We argue that the MBS item itself is not the only cost, but these costs have now shifted to the GPs, specialists, and their admin teams. For example, Psychiatrists need to setup eligibility to deliver the item, to let others know they can deliver the item, to handle reporting post enquiry, to be fully compliant and implement strong governance, receive and act on consumer and GP feedback, and have active supervision in delivering this particular service. The GPs will need to find a willing Psychiatrist, develop the relationship, to make appointments, and have the consumer financially authorise the item. When this real underlying cost is considered by the individual clinician, it will prove to be prohibitive to many.

(3) The logistics with claiming a consumer's MBS item will be challenging.

It is rare that Psychiatry services are delivered with no gap, as with many specialist services across health. The draft recommendation seems to be asking the consumer to pay for a service which is actually delivered to the GP, which would be even more challenging if there is a gap involved. If the intention is that the GP and the consumer are to be present simultaneously when consulting with the Psychiatrist, then we ask the Commission to consider feedback from a GP in our service catchment. The GP, with decades of experience including with the former GP Psych Support line, expressed his reluctance to access a psychiatry advice service in front of a patient, as the phone consult is of a professional nature, and having the patient in the room could both damage the relationship between GP and consumer, and undermine the GP's ability to speak frankly including asking a "dumb question". GPs who lack confidence in their abilities like having the option to ring a psychiatrist for advice or even to act as a sounding board – without their patient in the room.

(4) The benefits and outcomes of the MBS item model against the Support Line model are very different. The draft recommendation is designed as discrete items sought after by GPs and consumers collectively and delivered by individual psychiatrists. The existing phone support line model aims to support GPs through offering accessible immediate advice supported by documented confirmation of their discussion. In addition, it offers complementary education to the GPs again supported by further education such as webinars on focussed topics such as Gender Dysphoria, Adult ADHD, Bipolar Disorder, Anxiety Disorders etc, that can be accessed at the GPs convenience, and recognised by the RACGP and ACRRM bodies as part of continuous professional development. Clearly the existing GP Psychiatry Support Line model provides greater value and longer term benefit to GPs and the stepped care framework generally by empowering the front line of mental health without the cost being absorbed by the patient or the GP.

Conclusion

Ultimately, our shared aim is to empower and support GPs in primary care, to offer high quality immediate advice in tricky situations or where GP's feel they need specialist advice and support. Such a service is more expensive, but modelling costs clearly shows significant downstream cost reductions and improvement to the quality and timeliness of care. A scalable model of service that becomes increasingly more efficient, we argue is a more effective way of providing this service. Creating an MBS item that, in all likelihood will undermine the progress made in telehealth in psychiatry, fractionate the psychiatry workforce and create inefficiencies and unless the item is fiscally so attractive that the upfront and ongoing costs of the implementation of such a service is built into the model and there is additional price built into the model to redirect the established pattern of practice of the psychiatry workforce, then this item is unlikely to improve access to care.

Moreover, the assumption is that the existing mode of psychiatry practice does not incorporate significant interaction between psychiatry and primary care is naive. The MBS item is likely to reduce the collegial support that exists and put an unnecessary price on the usual interaction between GP's and psychiatrists.

Based on the evidence, we could not support the Commission's proposed recommendation 5.1 as it would present a series of issues which will not deliver the ultimate aim and will likely hinder the timely delivery of high-quality mental health services.

Yours Sincerely,

Cary Lee
Chief Executive Officer

Nick Sovechles
Chairman

Dr Martin Cohen
Lead Psychiatrist