

## Productivity Commission Submission: Medical Benefits Scheme Review

### 1. Introduction:

**The Australian Health Performance Framework (AHPF)** contains elements of health care system in terms of 'broad context' issues of workforce and financing. It also includes issues of *"information, research and evidence to influence decisions and actions"*, as well as Health system quality dimensions of *'appropriateness', 'accessibility' and 'continuity of care'*.<sup>1</sup>

Within the AHPF There is the overarching feature of 'EQUITY'. Within the AHPF, equity is regarded *"as the minimization of avoidable differences between groups or individuals."*

The AHPF also outlines a number of health system performance measures<sup>2</sup> among them being that the health system be *"administratively simple"* and the *"avoidance of perverse incentives."*

These AHPF elements of *equity, workforce, financing, information, research and evidence* issues and quality dimensions of *'appropriateness', 'accessibility' and 'continuity of care'* have been used to direct the comments of this submission - in addressing the implications/ramifications on the Mental Health workforce psychologist provider-group and, in assessing the input of information, research and evidence into proposal formulation and decision making.

The documents used in this submission are -

- I. APS Member Consultation Paper (Green Paper) released 25/03/2019
- II. APS Submission *'Limitation of Existing Better Access Services'* (dated August 2018)
- III. Mental Health Reference Group Report (MHRGR) released 06/02/19

### 2. Psychology Workforce:

#### **Specialist endorsed v generalist unendorsed psychologists**

In my opinion and experience there exists an absence of equity and a dichotomy in the psychologist workforce

The 9 APS Colleges and the 9 Area of Practice Endorsements (AoPEs) of the Psychology Board of Australia (PBA), inherent in endorsement process is the recognition and reward of 'specialists' and 'specialization'. Together with Australian Psychology Accreditation Council (APAC) accrediting qualifications since 2003, these structures and processes constitute the formal avenues of recognition of psychologist competencies, status and financial recognition/remuneration via Medicare fees/rebates.

Since 2006 the operation of what has been termed '2-Tier' System describes the rebate differentials between clinical psychologists and PBA endorsed clinical psychologists (the 'specialists') offering 'Psychological Therapies' and (the 'generalists') non-clinical unendorsed psychologists providing 'Focussed Psychological Strategies'.

In determining the Terms of Reference (TOR), for APS MBS Review Expert Committee for consultation and the production of the APS Member Consultation<sup>3</sup> (Green Paper), the APS Board included

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<sup>1</sup> The Australian Health Performance Framework (AHPF) The National Health Information and Performance Principal Committee September 2017 and endorsed by the NHIPPC (7 September 2017) and endorsed by the Australian Health Ministers Advisory Council (AHMAC) 22 September 2017.

Figure 1: Australian Health System Conceptual Framework (pg 6.) and

Figure 2: AHPF Health System Performance Logic Model (pg 8.)

<sup>2</sup> The Australian Health Performance Framework Table1: Features of Good Performance Measures Sourced from Intergovernmental Agreement on Federal Financial Relations (2011)

<sup>3</sup> From my personal experience, the APS consultation with members, has similarly been tightly structured, controlled and narrowly prescribed- -

*“to establish: differentiation based on endorsed areas of practice as defined by the Psychology Board of Australia” and “evidence-based practice.”*

This narrow prescription guaranteed the continued differentiation found the 2-Tier system into their recommendations and further embedded the systemic discrimination between ‘specialist’ and ‘generalist’ psychologists and aggravated the conflict and split that has been occurring for some time.

### **3. Information, Research and Evidence:**

The importance of information research and evidence upon which to base decision/proposals is obvious yet there is the need for Australian research data to more effectively distinguish between service provider-types and in particular, psychologist provider-types (particularly so, when there is recognition/reward systems distinctions.)

The document **Monitoring Mental Health and Suicide Prevention Reform: Fifth National Mental Health and Suicide Prevention Plan, 2018** distinguishes between Psychiatrist, Clinical psychologist, GP, non-clinical psychologists however, under the 2006 Medicare system,<sup>4</sup> were typically subsumed within ‘Other allied health’ provider-types.

The only sound evidence-based research is that of Pirkis<sup>5</sup> and I am curious if this was information was provided to the Expert Committee. The study found no significant differences in outcome between clinical and non-clinical psychologists i.e., that general psychologists produce equivalent outcomes to clinical psychologists and slightly better average outcomes than GP’s. The evidence does not corroborate APS’s justification/argument for the rebate differentials that existed under the 2006 Medicare 2-Tier system.

### **4. Recognition and assessment of psychologists’ competence:**

The Psychology Board of Australia (PBA) confers competence, the ‘licence’ to practice as a psychologist in the psychology profession, through registration. Competencies are fundamentally knowledge, skills and professional experience.

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- Lack of clarity whether APS Aug 2018 doc actually had been submitted

Further APS Consultation, within a tight timeframe (although I understand the APS has been granted an extension to submit their White Paper to the Productivity Commission from 5 April to now early June) involving-

- **Survey** design couldn’t record my Qualifications. My concerns re’ accurate representation and advocacy taken to APS, to no avail
- 3 X 1 hour presentations and Q & A
- **Feedback** on-line structured not address main issues rebate differentials and assignment of psychologists and MH conditions to the Levels

<sup>4</sup> Table PI 15 distinguishes proportion of population accessing MBS and DVA-subsidized clinical mental health care services, between Psychiatrist, Clinical psychologist, GP and Other allied health provider types or groups 2011-16

<sup>5</sup> Pirkis, J., Ftanaou, M., Williamson, M., Machlin, A., Spittal, M.J., Bassilios, M., Harris, B. (2011). *Australia’s Better Access initiative: An evaluation*. The Australian and New Zealand Journal of Psychiatry, 45, 726-739.

And a Second Evaluation of the Pirkis et al., 2011 found no significant differences in outcome between clinical and non-clinical psychologists. The small differences in outcomes with the DASS and the K-10 are so small as to be meaningless and within the margin of measurement error, showing further support for the study

PBA /APS<sup>6</sup> dominant use of 'formal' channels (and APAC-approved qualifications) for recognition of competence, does not factor in 'informal' channels CPD - Continuing Professional Development RCC- Recognition of Current Competency, RPL - Recognition of Prior Learning. Apart from the PBA's CPD requirements of further study and supervision for the purpose of annual registration renewal, competencies attained through 'on the job' professional experience remain largely untapped and unrecognized, lacking systems for rigorous and unbiased assessment.

The APS has implied and promulgated the premise that Clinicals and endorsed Clinicals (under the 2-Tier System) and now all endorsed psychologists with an AoPE<sup>7</sup> (in the Green Paper recommendations) have 'greater level of' or 'additional competencies' in mental health in comparison to unendorsed psychologists, without substantiating evidence.<sup>8</sup>

In a PBA briefing of the APS MBS Review Expert Committee, reported in the APS News and Updates 13 March 2019 by the APS President -

The PBA Chair *"provided the context to the Expert Committee on the requirements for endorsement and the recognised accredited qualifications needed to be considered eligible for a specific area of practice, as well as the importance of individual psychologist determining their competency to provide services. It was noted that an important precedent contained in a Supreme Court judgment **Pereira v Psychology Board of Australia (2014) has prioritised formal qualifications over professional experience including continuing professional development for the purpose of determining competency.**"*

Clarification of this interpretation of the Pereira case is currently being sought from the PBA.<sup>9</sup> If it is a mis-interpretation, it has been input into the Expert Committee's deliberations and conveyed to APS members. What the case appears to clarify (from a non-legal lay-persons point of view) is the meaning of 'qualification' to be formal degrees or other academic qualifications as opposed to practical professional experience, that is, supervised practice, training, further studies CDP and professional experience do not constitute a 'qualification', different from the interpretation that formal qualifications take precedence over CPD for the purpose of determining competence.

Interestingly, most universities (e.g., USC Southern Cross) map professional experience relevant to Australian Qualifications Framework (AQF) standard levels in their assessment of professional

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<sup>6</sup> In the PBA Guidelines on area of practice endorsement Jan 2016 stated "the Board will not consider work experience and professional development activities in the area of practice as equivalent to an accredited postgraduate qualification" (pg 8 of 40).

<sup>7</sup> Relationship with PBA and APS has evolved concurrently as reflected in the correlation with the 9 AoPEs and 9 APS Colleges. College memberships could be 'incentivized', expected to increase with recognition and Medicare remuneration for the endorsed not just clinically endorsed as before. Beneficial for APS at \$200.00 per College membership per year.

APS is a professional body could more obviously represent and advocate for psychologists who chose to specialize and 'specialization.'

<sup>8</sup> APS MBS Review submission 'Limitation of Existing Better Access Services' dated August 2018 (footnote 3 page 5) "one area of endorsement (Clinical Psychology) was identified ...to meet the standard required to provide services to the more severe, complex, and chronic mental health disorders." "Other AoPE psychologists may also have additional competencies for specific disorders e.g., Educational and Developmental Psychologists for ADHD."

In the APS Member Consultation Paper (Green Paper) re' psychologists with an AoPE Footnote 5 page 41 "as recognised by the PBA and APAC as having additional competencies in mental health."

<sup>9</sup> Emails dated March 20 and April 2 from the author to the Chair PBA.

experience equivalence to academic qualifications. They typically stipulate a range from 5-8 years relevant teaching and/or research experience or professional experience.<sup>10</sup>

In the APS Member Consultation (Green Paper), the differentiation of the previous '2-Tier' Medicare system has been incorporated in new item numbers for psychological services/activities (Recommendations 2 – 7) and in Recommendation 8 for a Stepped Care delivery model of individual psychological treatment services.

## 5. Practice Certificates:

The Green Paper contains the proposition of introducing two certificates - the Advanced MH Practice Certificate (Registered Psychologist Plus) and Regional Rural Remote Practice Certificate – (RRR Psychologist Plus) with some compromise regarding rebate/numeration levels and incorporation of RPL.

In my opinion these Advanced Practice Certificates are a start in the right direction with some financial recognition, (more so for Psychologists RRR Plus), and employing information outside the formal APAC-PBA-APS channel of recognition, however they do not go far enough. As they are **not recognized** by PBA.

After obtaining a practice certificate, entailing 40 hours online/face to face training (or recognition of prior learning RPL) assessments and supervised practice, only a RRR Psychologist Plus can offer Psychological Therapy at Severe level (albeit at a consumer rebate higher than mild item but less than endorsed). That is, the same work as the endorsed, at lower rebate rates.

It is an opportune time for APS (or some other body) to formally and systematically assess and recognize the competencies in **all** the psychological workforce

- I. By offering again, now the ramifications and experience of the 2-Tier model is clear, a '**Grand-parenting**' process. Not a process of grand-parenting or bridging to join the ranks of the 'specialized' or specialist endorsed areas, but to have recognition and remuneration through a systematic, rigorous and unbiased assessment of competencies that may overlap and span across a number of areas of psychologist practice as is the reality of 'generalists'.
- II. APS could even consider lobbying the PBA for a 10<sup>th</sup> AoPE - that of '**Advanced Practice**' - for the recognition and endorsement of psychologists who chose not to 'specialize' and require a formal systematic, rigorous and unbiased assessment of their competencies. Recognition of current competency (RCC), RPL and CPD processes would inform this assessment. Competencies fundamentally are defined as knowledge (obviously including academic/tertiary qualifications), skills and experience (including professional experience).

## 6. Stepped Care Framework- 3 Levels/Tiers:

This Stepped Care Framework assigns different psychologist provider types to 3 levels or tiers with different rebate levels further embedding, in my opinion, the systemic discrimination, now between endorsed psychologists with an AoPE or 'silo of speciality' and the unendorsed.

Stepped Care Framework is 'person /consumer- centred' service delivery in accord with the Fifth National Mental Health and Suicide Prevention Plan (NMHC 2014a and 2018).

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<sup>10</sup> USC Determining equivalence of professional experience to academic qualifications – Managerial Policy (Amended 17 December 2018)

The Step Up/Down capacity for consumers' movement and flexibility between the levels and number of sessions being responsive to changes and reality of fluctuations in the level of severity of Mental Health disorders.

In my opinion it is commendable that APS concentrates on psychologists as a discrete professional group and not combine 'non-clinicals' with other professional groups (OTs, Social workers and MH nurses) as 'Other Allied Health' professionals in the 2-Tier system.

In A5. in the Green paper there is the argument for an increase in the Medicare Fee/Rebate (ideally to 100% the scheduled fee) to reduce or eliminate the gap. This would increase accessibility for consumers and for practitioners afford a realistic level of remuneration for a sustainable livelihood the profession.

Accessibility and viability for consumers would also be facilitated with the allowance for co-payment at time of service in support of clients with limited capacity to pay full amount before claiming refund.

While I understand APS is to undertake consultation with GP's the "gatekeepers" of the scheme. As In my experience doctors, are under considerable work pressures, and only a few actually read the Medicare 6<sup>th</sup> and 10<sup>th</sup> psychological reports. With an increase in of number of 'Psychologist (Brief) Assessment/Reports' and 'GP Reviews' with 'Step Up/Down' capacities as well as Reviews after every 10 sessions, there is a serious risk of delays, bottlenecks and subsequent discontinuity of treatment for consumers. The expectations and requirements for these communications, in my opinion, need to be designed in a form that is streamlined, expeditious and supports the original Better Access intention of collaboration.

With the APS proposed Medicare rebate differentials between psychologist providers in the **Stepped Care** .... taking the AHPF health system performance measures, in my view, it is not "*administratively simple*" but cumbersome, highly divisive and risks potential for bottlenecks that could affect the continuity of care for consumers. There is a risk of discontinuity of care or service with the necessity of consumers changing providers to endorsed psychologists if they Step Up to Level 3 Severe. The AHPF performance measure "*avoidance of perverse incentives*" is potentially compromised in that the higher rebates to endorsed psychologists could incentivize assessment of need and allocation to higher levels.

#### **Assignment of MH Disorder to Levels**

The APS Green Paper Stepped Care Framework assigns different Mental Health conditions to the 3 Levels of care/need.

What is of utmost concern and in need of careful consideration is evidence-based assessment of severity and levels of care/needs and that any proposals and decisions that may ensue be fully cognizant of the serious ramifications and implications on the psychologist workforce.

From the APS Submission '*Limitation of Existing Better Access Services*' (dated August 2018) to the current Stepped Care Framework in the APS Green Paper there has been a **critical change** in the examples of mental health conditions allocated at the Moderate and Severe levels.

The MH Disorders that were previously listed at the **Level 2 Service** –

- Obsessive Compulsive Disorders
- Trauma Disorders including PTSD
- Persistent Depressive Disorder
- Eating Disorders
- Co-morbid MH Disorders and /or comorbid with alcohol/drug/abuse/opioid related disorders

-have been bumped up in the Green paper to **Level 3 – Severe.**

Many unendorsed psychologists have been providing such services and indeed some become what is called 'generalist-specialists', who, through further study, training, supervision, CPD in chosen select areas (such as eating disorders or trauma). Are they now deemed not competent, not possessing the required competencies?

*"It is important to note that psychologists not listed ...as providers of services to consumer with a severe level of need are not prevented from providing psychological services to these customers privately...however...**will not be eligible for rebate from Medicare.**"* (p.g., 41 Green Paper)

Registered Psychologists and psychologists who have attained the proposed 'Advanced Practice Certificate' (called Registered Psychologist Plus) are **NOT** eligible for consumer rebate at this new/revised Level 3. This is, in effect, excluding/ preventing many psychologists who have been working, some for many years, with consumers with these MH conditions as it would restrict their clients to a very small minority who can afford not to be subsidized by Medicare. It compromises continuity of care, accessibility and consumer choice to all psychologists. In my opinion it will have the effect of a significant restriction of practice.

Differential rebates and concomitant affordability accessibility, '*incentivize*' consumer's choice of psychologists as well as impact psychologist's remuneration and capacity for earning a living.

## **7. Suggestions:**

The critical points and suggestions I would like to offer are -

- I. The adoption of **Psychiatrist model** where there is no differentiation between psychiatrists (even with their different areas of speciality). Medicare Item number and rebates are primarily according to nature of service offered and type of activity provided
- II. That there be no psychologist provider-types differentiation nor assignment to 3 Levels (with the concomitant significant rebate differentials) in Recommendation 8 - the Stepped Care Framework and in Recommendations 2 -7 of the Green Paper. No categorization nor delineation of 'Evidence-based Interventions' (the expanded 'Focused Psychological Strategies' of the old 2-Tier system) and 'Psychological Therapy')
- III. If there is to be any allocation of MH conditions to Level 2 and 3 that they be as they previously were outlined in the APS August 2018 Submission '*Limitation of Existing Better Access Services*'
- IV. That there be no differentiation /discrimination between psychologist provider-type - that fractures fragments, splits and creates further inequities between psychologists as a professional group and part of the MH workforce

TABLE A

Medicare Item	Psychologist Provider Type				Sessions	
	Registered Psychologist (no AoPE)	Proposed 'Registered Psychologist Plus' -with Advanced Practice Certificate	Proposed 'Registered RRR Psychologist Plus' -with Remote Regional Rural Practice Certificate	Psychologists with an AoPE		
<b>Recommendation (Rec') 8: Stepped care of delivery of services Item A1. Level 1 – Mild 'Evidenced-based interventions'</b>	A1 Mild consumer rebate	A1 consumer rebate	A1 consumer rebate	A1 Consumer rebate	<b>6+ 4 sessions &gt;10</b> To Step Up to Level 2/3 needs GP (or eligible referrer) review/referral	Assessment – Step Up to 2 @ session 3 Brief Assess't Report to GP GP Review/recom
<b>Rec' 8 Item 2a Level 2- Moderate 'Evidenced-based interventions'</b>	A1 Mild consumer rebate	Consumer rebate >A1 < AoPE	Consumer rebate >A1 < AoPE	Consumer rebate 70% > Item A1 Mild	<b>10 + 10 sessions &gt; 20</b>	
<b>Rec' 8 Item 2b Level 2 – Moderate 'Psychological Therapy'</b>	A1 Mild consumer rebate	Consumer rebate >A1 < AoPE	Consumer rebate >A1 < AoPE	Consumer rebate 70% > Item A1 Mild	<b>10 + 10 sessions &gt; 20</b> Review/referral every 10 sessions	Assessment – Step Up to 3 @ session 3 Brief Assess't Report to GP GP Review/recom
<b>Rec 8 Item 3 Level 3- Severe 'Psychological Therapy'</b>	<b>Not prevented from providing privately however Not eligible for consumer rebate</b>	<b>Not prevented from providing privately however Not eligible for consumer rebate</b>	Consumer rebate >A1 < AoPE Providing services in RRR	Consumer rebate 70% > Item A1 Mild	<b>10+ 10+10+10 sessions &gt;40</b> Review/referral every 10 sessions	
Rec' 2 Proposed New Item – Independent Psych Assessment				Clinical & Counselling AoPE's /Colleges 1.5 x A2b or A3 rebate	3 sessions /pa >120mins	
Rec' Proposed New Item – Neuro-psych Assessment				Clinical Neuropsych AoPE /College 1.5 x A2b or A3 rebate	3 sessions /pa >120mins	
Rec'4 Proposed New Item – Neuro-developmental Assessment				Clinical Neuropsych AoPE /College & Edu & Devt'al AoPE /College 1.5 x A2b or A3 rebate	3 sessions /pa >120mins	
Rec'5 Proposed New Item – Consultation with Family, parents, carers & support (eg teachers)	A1 Mild consumer rebate	Consumer rebate >A1 < AoPE	Consumer rebate >A1 < AoPE	Consumer rebate 70% > Item A1 Mild	Up to 4 in 12 month period	As per Recommendation 8
Rec' 6 Proposed New Item – Case Conferencing	A1 Mild consumer rebate	Consumer rebate >A1 < AoPE	Consumer rebate >A1 < AoPE	Consumer rebate 70% > Item A1 Mild	4 or > /pa Items timed: - 20-40 mins - 40mins+	As per Recommendation 8
Rec' 7 Amend Item – Telehealth	A1 Mild consumer rebate	Consumer rebate >A1 < AoPE	Consumer rebate >A1 < AoPE	Consumer rebate 70% > Item A1 Mild		As per Recommendation 8