STRATEGIC PLANNING GROUP FOR

SPGPPS

PRIVATE PSYCHIATRIC SERVICES

Australian Medical Association

•

The Royal Australian and New Zealand College of Psychiatrists

•

The Royal Australian College of General Practitioners

•

Commonwealth Department of Health and Ageing

•

Department of Veterans' Affairs

•

Mental Health Consumers and Carers

•

Australian Private Hospitals Association

•

Australian Health Insurance Association

•

Address all Communications to:

The Executive Officer
National SPGPPS Secretariat
3rd Floor AMA House
42 Macquarie Street
BARTON ACT 2600

PO Box E115
KINGSTON ACT 2604

Ph: (02) 6270 5400
Fax:(02) 6273 5337
Email: ptaylor@ama.com.au

Website: spgpps.com

STRATEGIC PLANNING GROUP FOR

SPGPPS

PRIVATE PSYCHIATRIC SERVICES

News

Issue 11 | July 2002

Editor's Desk

Dr Bill Pring

It has been a busy period for the SPGPPS. Apart from the regular meetings of the group, the SPGPPS has co-ordinated the Mental Health Privacy Coalition's endeavours in the sensible application of the privacy principles in the mental health field. The Coalition meets this week in Canberra to workshop practical solutions to the issues that have arisen with implementation of the new privacy legislation in the mental health sector.

Representation of the SPGPPS on national bodies continues to expand culminating in permanent representation on the National Mental Health Working Group of the Australian Health Ministers' Advisory Council (AHMAC). The SPGPPS Principal Information Officer has also been nominated to sit on the Adult Mental Health Outcomes Expert Group of the Australian Health Minister's Advisory Committee.

SPGPPS National Forum 2002

The SPGPPS National Forum 2002 will be held on Friday, 16 August 2002 at the Melbourne Airport Hilton Hotel. Forum flyers have been distributed and both the flyer and registration forms are available from the SPGPPS website at: **www.spgpps.com**.

The theme to be addressed at this year's Forum is *Innovative Models of Service Delivery and Funding for Private Sector Mental Health Services.* Professor Harvey Whiteford will deliver the keynote address and Ms Lynnette Glendinning has been commissioned to facilitate the Forum. Our Forum Chair, Dr Jonathan Phillips, provides more detail on the Forum in this Issue.

SPGPPS Data Collection and Analysis Project

In this Issue, Mr Allen Morris-Yates reports on the April round of Hospital visits and the status of the sector in readiness to submit data to the SPGPPS Centralised Data Management Service (CDMS).

The request for data for the first quarter of 2002 was made to Hospitals in late May, and the first *National Report* from the CDMS will be submitted to Hospitals and Health Funds in late July 2002.

Mental Health Privacy Coalition

Representatives of the Coalition have met with the Federal Privacy Commissioner, Mr Malcolm Crompton, and considered the impact on the mental health sector of the Privacy Amendment (Private Sector) Act 2000, its 10 National Privacy Principles, and the Guidelines on Privacy in the Private Health Sector.

Mr Crompton is keen to participate with the Coalition in an educative process of the kind undertaken by the Australian Medical Association and the Pharmacy Guild. At a subsequent teleconference the Coalition agreed to hold a workshop to progress this issue before meeting again with Mr Crompton.

Consumer and Carer Participation

The AHMAC National Mental Health Working Group has endorsed the National Consumer and Carer Forum (NCCF), auspiced by the Mental Health Council of Australia, to be the voice of consumer and carer concerns at the national level. Provision was made for private sector representation on that body. Ms Alvina Hill and Mrs Ruth Carson attended the inaugural NCCF as interim representatives for the private sector.

The first meeting of the fledgling *National Network Of Private Psychiatric Sector Consumers And Carers* was held via teleconference on 13 May 2002. Representatives on the teleconference included CEOs of private hospitals, members of established hospital consumer and carer committees and mental health unit managers. With the establishment of the Network, the private sector is on the threshold of embracing Consumer and Carer participation in a new and more meaningful way.

Primary Mental Health Care: The GP Initiatives

The *Better Outcomes in Mental Health Care Initiative* was announced in the 2001 Budget.

Key components of the initiative are:

- Incentive payments to GPs.
- Education and training of GPs.
- New CMBS items.

In this Issue, our RACGP representative, Dr Brian Kable, provides an update for the sector on developments.

Telepsychiatry

The AHMAC National Mental Health Working Group is considering a national trial of CMBS items for telepsychiatry in Queensland, South Australia and Victoria.

This proposal is being considered in the context of the recent submission by the RANZCP in support of the practical implementation of telepsychiatry. Our RANZCP representative, Dr Jo Lammersma, reports on the latest developments.

Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital-based Psychiatric Care

The SPGPPS established a working group to participate in reviewing these Guidelines in consultation with sector constituencies.

The Guidelines were endorsed by the 28th meeting of the SPGPPS and will be made available shortly.

Dr Bill Pring
Editor

Mental Health Privacy Coalition Meets the Federal Privacy Commissioner

Dr Bill Pring

On Wednesday, 8 May 2002, representatives of the Australian Medical Association (AMA) The Royal Australian and New Zealand College of Psychiatrists, Australian Private Hospitals Association, the Mental Health Council of Australia and the Australian Health Insurance Association met with the Federal Privacy Commissioner, Mr Malcolm Crompton, to discuss the Privacy Amendment (Private Sector) Act 2000. This Amendment extended the Privacy Act 1988 to cover the private health sector throughout Australia. The focus of the meeting was to consider the impact on the mental health sector of the legislation, its 10 National Privacy Principles (NPPs), and the Guidelines on Privacy in the Private Health Sector (hereafter Guidelines).

Key Issues

At the meeting, Mr Crompton provided an overview of the consultation processes undertaken by the Office of the Federal Privacy Commissioner (OFPC) in developing the new legislative framework and its accompanying documentation. He made it clear that discussion of legislative changes was not on the agenda.

The Coalition is broadly supportive of the legislative framework and acknowledged that, while the Privacy Commissioner was unable to change the existing legislation, he is able to influence the Guidelines and make public interest determinations. The key areas of concern discussed were as follows:

Definition of Primary Purpose - Consumers, carers and service providers have all agreed that a holistic community-based approach to health care service provision is much more ideal, than an episodic-based approach. This approach should be the default in the application of the privacy principles.

Consent – Coalition concerns with this issue are significantly associated with the previous problem of the narrow view taken of *primary purpose*. Consumers and carers are most concerned that when consent forms are signed, the consumer is fully competent at the time. This is a sensitive issue because mental illnesses can subtly render a person to be less than competent, especially at the beginning of an illness.

These are sometimes called *process notes* and also contain comments that may have been received from carers about the patient.

Access – The Coalition supports consumers having ready access to much of their medical records. There are, however, parts of a mental health record that relate to a doctor's own thoughts concerning their patients.

Giving reasons for restricting access - In mental health, there is a danger that providing a patient with a reason for restricting access may, in fact, be harmful to the patient and the therapeutic relationship. The therapeutic relationship between the doctor and the patient is a critical part of the treatment regime for people with a mental illness or disorder. The Coalition is also concerned over the need for there to be serious harm to a person, before restriction of access is permitted. The threshold test of serious harm is inconsistent with the doctor's imperative that the patient's well being is paramount.

Resolving disputes of access - The Coalition believes that it is not clear what sort of process would be involved in resolving a dispute between a patient and a health care provider over access, that did not disrupt the therapeutic relationship.

Other issues – There are significant problems associated with media releasing details of the diagnosis and treatment of people with a mental health illness or disorder. The Coalition is also concerned that there are no guidelines, or determinations, regarding the use of health care information and that there are no access rules for electronic health records.

Way Forward

Mr Crompton has asked the Coalition to develop a process in which the OFPC might participate to address these concerns. Mr Crompton has suggested that the way forward might be an educative process of the kind undertaken by the AMA and the Pharmacy Guild. While Mr Crompton is reluctant to suggestions that the Guidelines should be changed, he has supported an approach whereby Coalition undertakes to:

1. identify and particularize the concerns of the mental health sector;
2. identify which of these concerns can be resolved under the current legislative scheme, which ones cannot and why;
3. identify a process for the concerns that can be resolved;
4. seek the Privacy Commissioner's views on how unresolvable concerns can best be addressed; and discuss the dissemination of educative materials.

A Coalition workshop to address the above was held in Canberra on 27 June.

Dr Bill Pring *is currently chairing the Mental Health Privacy Coalition.*

SPGPPS National Forum 2002

Dr Jonathan Phillips

This year, our Forum will be held on Friday, 16 August 2002 at the Melbourne Airport Hilton Hotel. Forum flyers have been distributed and both the flyer and registration forms are available from the spgpps website at www.spgpps.com.

Forum Theme

The Forum will look at reforming funding models to facilitate innovation in service delivery and seek to identify practical actions that are achievable in the short-term, while recognising that long-term action will be necessary to effect systemic change.

Resource Materials and Background Reading

The *SPGPPS National Forum 2002 Agenda Committee* (NFAC) first met on 4 June 2002 in Sydney to develop the Forum Program, and to design a Template for stakeholders to assist them with the development of background papers for the Forum.

This year, we have asked the key SPGPPS stakeholder groups to prepare the *background papers* for the Forum. This approach will expose Delegates to the varied views and attitudes held regarding innovative models of service delivery and funding for private sector mental health services. Delegates will gain a broad understanding of the views and attitudes of the following stakeholder groups.

- Private Hospitals
- Health Insurance Funds
- Psychiatrists
- General Practitioners
- Consumers and Carers
- Commonwealth

Each SPGPPS stakeholder group has been asked to address the following issues:

1. The goals the stakeholder group has in developing innovative models of service delivery and training.
2. The aspects of current funding arrangements that limit the achievement of these goals.
3. The practical changes needed to achieve the goals:
    - *in the short-term; and*
    - *in the long-term?*
4. The risks for the stakeholder group in pursuing innovative models of service delivery and new funding arrangements, and what safeguards should be put in place to minimise these; and
5. The next steps to be taken in developing innovative models of service delivery and funding models in the private sector.

Background papers will form the basis of a *summary paper* that will be prepared by Professor Harvey Whiteford, Kratzmann Chair of Psychiatry, University of Queensland. The summary paper will draw together the key issues identified in the Background Papers and be presented on the day of the Forum. We will be asking Delegates to discuss the issues in small group sessions and develop agreed recommendations on the way forward.

Debate Begins

Debate on the issues has already become lively. On one hand there is the view that innovative models of service delivery cannot be put in place, unless funding mechanisms to support that innovation are in place first. Some feel that part of the reason comprehensive models of care have not been developed, is because of the limitations in funding arrangements. Others argue, that this is putting the "cart before the horse" and that there needs to be an emphasis on innovative models of service delivery before questions on funding can be answered. We can look forward to a very interesting Forum.

Draft Forum Program

9:00 AM	Official Opening and Welcome *Dr Jonathan Phillips, Chair SPGPPS Forum*
9:05 AM	Keynote Address *Professor Harvey Whiteford*
9:30 AM	Small Group Sessions *Small Group Facilitators*
11:00 am	Morning Tea
11:30 AM	Small Group Sessions *Small Group Facilitators*
1:00 pm	Luncheon
1:45 PM	Plenary Session 1 *Ms Lynette Glendinning*
2:45 PM	Afternoon Tea
3:15 PM	Plenary Session 2 *Ms Lynette Glendinning*
4:00 PM	Close *Dr Jonathan Phillips*

***Dr Jonathan Phillips** is Chair of the SPGPPS National Forum*

Consumer and Carer Participation 1

First National Consumer and Carer Forum

Ms Alvina Hill and Ms Ruth Carson

Subsequent to the winding down of Network of Australian Consumer Advisory Groups (NOAC), the AHMAC National Mental Health Working Group endorsed the establishment of a National Consumer and Carer Forum (NCCF), to be auspiced by the Mental Health Council of Australia (MHCA).

The SPGPPS, Health Funds and Private Hospitals recently provided funding to enable Ms Alvina Hill (consumer) and Mrs Ruth Carson (carer) to attend the inaugural NCCF as interim consumer and carer representatives for the private sector. The NCCF was held on 15/16 April in Canberra.

Key Issues

NCCF participants identified the following as key issues that need to be addressed.

- Both public and private mental health sectors have a long way to go in involving consumers and carers in the management and administration of mental health and its associated issues.
- A participative model needs to be developed which encourages consumer and carer involvement in the development, implementation and monitoring of policy and planning.
- Psychiatric professionals are to be encouraged to acknowledge various sources of expertise – the contribution that consumers and carers can make to mental well-being.
- There is the opportunity:
  - (i) to develop a network of consumer/carer consultants to aid with overcoming the obvious lack of support in, for example, discharge areas and ongoing mental health; and
  - (ii) to improve access to a range of clinical and community services.
- The need for partnerships to achieve advocacy for key issues e.g. family support, rural/remote health and indigenous health.
- The need to acknowledge the role of private psychiatric services and to act on joint initiatives as identified.
- Recognition of need for more education, skill acquisition and information for consumers, carers and the broader community as well as for mental health professionals and the workplace environment.
- Aim to embrace entire community rather than persist with a piecemeal approach to mental health services.

NCCF Executive

Consumer and carer co-chairpersons (Janet Meagher and Tony Fowke) and consumer and carer deputy co-chairpersons (Jodie Brown and Linda Rosie) were elected to the NCCF Executive. Considerable time was spent on debating the terms of appointment and reference for this Executive and a working group was established to refine these terms of reference. However, currently, the mechanism for progressing the recommendations of the NCCF is through the MHCA Consumer and Carer Committee and then to the MHCA Board. The NCCF also discussed options for the secondment of NCCF co-chairpersons to the MHCA Consumer and Carer Committee.

Priority Areas

Much of the Forum's focus centred on refining themes and developing strategies based on the following priority areas.

- The 3rd National Mental Health Plan
- Consumer and Carer participation and partnerships.
- Education and information
- Quality service delivery

Four working groups were established to progress these areas of the strategic workplan, with each strategy having an identified time frame and partnerships, and expected outcomes. The MCHA has recruited a Policy Officer who will dedicate a portion of time to providing secretariat support to the NCCF and the MHCA Consumer and Carer Committee.

Signed service agreements have been received from Beyond Blue, ACT, TAS, QLD, NT and NSW. The MCHA is awaiting such agreements from WA, SA and VIC. The MCHA is seeking funding from NSW, ACT, VIC, WA, SA and the private sector.

The NCCF will meet another three times this year - two teleconferences and one face-to-face, with meeting dates to be determined, and dependent also on the receipt of state funding.

General Overview of the Forum

Private sector interests were well acknowledged. Issues and subsequent themes identified and prioritised were clearly commonly held, with contributions from both sectors acknowledged as significant. The basis of a working partnership was clear and will be able to be progressed further.

For further information on NCCF:
Phone 02 6285 3100
Email: admin@mhca.com.au
Web: www.mhca.com.au

Consumer and Carer Participation 2

National Network of Private Psychiatric Sector Consumers and Carers

Ms Janne McMahon & Ms Moira Munro

Consumers and Carers have been actively participating in public sector mental health services for 10 years. There has been little or no participation in the private sector until recently. With the establishment of the National Network Of Private Psychiatric Sector Consumers And Carers, the private sector is on the threshold of embracing this participation in a new and meaningful manner.

Genesis

At the 2001 SPGPPS National Forum, two significant recommendations emerged from the sector for Consumers and Carers:

(i) Establishment of Consumer and Carer Advisory Committees in each Hospital to enable consumers and carers to contribute constructively to service development, evaluation and current practice.

(ii) Mechanisms to enable private hospital advisory committees to network at a national level.

Ms Moira Munro of Perth Clinic and the Australian Private Hospitals Association Psychiatric Sub-committee put those recommendations into practice. The first meeting of the *National Network Of Private Psychiatric Sector Consumers and Carers* was held via teleconference on Wednesday, 13 May 2002. Representatives on the teleconference included CEOs of private hospitals, members of established hospital consumer and carer committees and mental health unit managers.

Role of the National Network

At the ***hospital level***, the Network will encourage the establishment of consumer and carer advisory groups in all private sector mental health facilities to mirror the roles these groups play in the public sector as:

- consumer consultants at acute inpatient facilities, and area services;
- peer support workers within acute inpatient wards;
- consumer and carer patient advocates;
- accredited consumer surveyors;

The Network will also aim to help private sector staff and services to better focus on consumer and carer needs.

At the ***national level***, we see the National Network as fulfilling the following roles.

- Providing an informal opportunity to meet and to talk about issues and share experiences from representatives around Australia.
- Establishing a framework and mechanism to appoint, support and advise those representatives who are on national bodies advocating for private sector consumers and carers. These precious few need a group of people that they can refer to and receive advice from in their advocacy work. This is in response to issues of national significance, in policy development, service planning, delivery and evaluation.
- Enabling a body of people to support each other in the advocacy work that we are doing, and the work that still needs to be done.

The Network will hold its first face-to-face meeting on Thursday, 15 August this year at the Melbourne Airport Hilton Hotel. This will to coincide with the SPGPPS National Forum 2002. The draft program is set out below.

12:30 PM	Light Luncheon
1:00 PM	Welcome *Ms Janne McMahon*
1:05 PM	How the private sector fits together *Mrs Judy Hard*
2:00 PM	SPGPPS National Forum 2002 *Mr Phillip Taylor*
2:30 PM	Advocacy – what we learn from others *Mr Craig Patterson*
3:00 PM	Afternoon Tea
3:30 PM	The advocacy we choose to do *Ms Janne McMahon*
3:50 PM	How to look after yourself *Dr Bill Pring*
4:20 PM	Future direction of the National Network *Ms Janne McMahon & Ms Moira Munro*
5:30 PM	Close
8:00 PM	*Consumer and Carer Dinner*

Further information concerning the face-to-face meeting can be obtained from the SPGPPS Secretariat on (02) 6270 5438. .

Ms Janne Mc Mahon *is the SPGPPS Consumer Representative and author of the 'South Australian Model of Consumer/Carer Participation', upon which the National Network's terms of reference are based.*

Ms Moira Munro *is Chief Executive Officer of Perth Clinic and a Hospital representative of the SPGPPS.*

SPGPPS Data Collection & Analysis Project

Progress Report on Second Round Of Hospital Visits

Mr Allen Morris-Yates

A second round of visits to each of the 37 participating Hospitals was conducted in April 2002, for two purposes. First, to review, discuss and help resolve any problems or issues which may have arisen in each Hospital's implementation of the requirements of the National Model. Second, to review and correct any problems with each Hospital's installation and use of the HSMdb software.

The current status of implementation of the SPGPPS National Model by Hospitals is shown below.

	At July 2001		At May 2002	
	Of 37 Hospitals	Of 1525 Beds	Of 37 Hospitals	Of 1525 Beds
The HoNOS				
In-patient Care	92%	96%	92%	98%
Ambulatory Care	-	-	54%	68%
The SF–14–M				
In-patient Care	54%	63%	70%	74%
Ambulatory Care	-	-	38%	49%
Entry of data to HSMdb				
From or before January 2002	-	-	43%	-
From or before February 2002	-	-	51%	-
From or before May 2002	-	-	92%	
Using HSMdb software	0%	0%	92%	-

Only one Hospital reported any problems with the actual ascertainment of the two standardised measures. In inpatient settings, the HoNOS was almost always being completed by nursing staff. Patients were generally found to have few problems completing the SF–14–M, with Hospitals reporting very low refusal rates.

Whilst hospitals reported few problems with the use of the measures, some Hospitals were found to be struggling with the implementation of the data collection process. The causes of these problems included:

- Poor understanding of the rationale for and requirements of the National Model by senior management.
- High usage of agency nursing staff associated with the inability to employ permanent staff.
- High staff turnover resulting in loss of momentum in the implementation process and understanding of the data collection requirements and process.
- Lack of basic IT support for software installation.
- Insufficient administrative resources devoted to the support of the data collection and entry process.
- Failure to identify and resource a key individual with responsibility for implementation of the data collection.
- Inadequate or incomplete training of staff.

The distribution of these problems was not related to the location of the Hospital, the size of the Hospital (in terms of the number of beds) or to size of their parent organisation. Active support and attention from senior management, the presence of a key person with a genuine interest in taking responsibility for the implementation (often the quality improvement coordinator or health information manager), and the provision of adequate administrative support appear to be critical factors in the successful implementation of the National Model.

The request for data for the first quarter of 2002 was made to Hospitals in early June, and the first National Report from the SPGPPS Centralised Data Management Service will be submitted to Hospitals and Funds in late July 2002.

The Report will be the first of its kind and should be treated as a preliminary report. Hospitals are still learning how to reliably collect the data. We expect that within another six to twelve months the data collection will have become an integral component of participating Hospitals' clinical processes. Similarly, all stakeholders will need substantial assistance over the coming twelve to eighteen months in learning how to interpret and make best use of the information derived from that data. Initially, there is a substantial risk that the information will be misunderstood and misinterpreted. It will be important that over the next twelve to eighteen months both Hospitals and Health Funds remain aware of its limitations and take particular care in their use of the information.

Mr Allen Morris-Yates *is the Principal Information Officer for the SPGPPS.*
Ph: 0417 268 386
Email: allen.yates@bigpond.com

Primary Mental Health Care

The GP Initiatives

Dr Brian Kable

The *Better Outcomes in Mental Health Care Initiative*, announced in the 2001 Budget initiative, is designed to improve the mental health care options available to Australians, while building on previous measures to provide a broad range of care options. Key components of the initiative are:

- Incentive payments to GPs to reward and encourage their effective management of patients' mental health problems;
- Education and training of GPs to increase their mental health care knowledge and skills;
- A Medicare Benefits Schedule (MBS) item for the delivery of focussed psychological strategies by appropriately trained GPs; and
- MBS items for psychiatric case conferencing and emergency consultations later in 2002.

GP Incentive Payments

The Incentive Payment, known as a Service Incentive Payment (SIP) will be paid on completion of the 3-step process, which will include completion of a mental health assessment, mental health plan and review. Access to SIP payments is subject to completion of appropriate GP education and training.

In addition, there will be a sign-on payment for GPs when they complete the familiarisation (business case) training as a prerequisite for their entry to the Initiative.

Registration of GPs follows on their familiarisation training. Registration forms are already being received by the General Practice Mental Health Standards Collaboration, for transmission to the Health Insurance Commission.

GP Education and Training

There are three strands to GP training under this initiative.

- Business case training (known as familiarisation training)
- Mental health skills training
- Ongoing training over the triennium.

Familiarisation training is compulsory and comprises a multimedia training package developed and distributed by the Australian Divisions of General Practice (ADGPs). From June 2002, it has been delivered across Australia through local Divisions of General Practice. There is no recognition of prior learning for this strand.

Mental health skills training, on-going training, and training for access to the focussed psychological strategies CMBS item will be available from a variety of providers, and through a range of flexible delivery options, including distance learning. There will be opportunities for recognition of prior learning for these training requirements.

Oversight

The GP Mental Health Standards Collaboration, auspiced by the Royal Australian College of General Practitioners (RACGP) has been established to adjudicate and administer educational standards for all GP training, and to facilitate GPs' entry to the Initiative. These educational standards are being made progressively available on the RACGP website: www.racgp.org.au. Membership of the Standards Collaboration includes representation from:

RACGP (Dr Brian Kable Qld (Chair), Dr Caroline Johnson Vic, Dr Darcy Smith WA)

Australian College of Rural and Remote Medicine (Dr David Campbell Vic, Dr Graham Fleming SA, Dr Nicholas O'Ryan NSW).

RANZCP (Dr Graham Meadows)

MHCA (Mr John McGrath, Ms Ingrid Ozols)

Australian Psychological Society (Dr Lyn Littlefield)

Access to Allied Health

As another element of the Initiative, in 2002-2003 a small number of pilot programs will be conducted over a geographical spread to test models of engaging and paying allied health professionals to assist with the mental health care of patients. ADGP have been invited to submit expressions of interest for the pilots, and those Divisions will act as funds holders for the pilots. GPs registered with the Incentive Payment Scheme in the pilot sites will be eligible to access this component of the initiative during 2002-2003.

MBS Items for Psychiatrist Case Conferencing and Emergency Consultancy Assistance

Detailed plans for the implementation of this component of the initiative will be announced later in 2002.

Dr Brian Kable *is the RACGP representative on the SPGPPS and Chair of the RACGP Standards Collaboration Committee*

Telepsychiatry

Dr Jo Lammersma

Australia and New Zealand have been international leaders in the application of telepsychiatric techniques. There is now substantial literature available to indicate that diagnosis over videoconferencing is possible across a wide range of psychiatric disorders, and indeed there is no evidence to suggest that any types of psychiatric consultations should be excluded from the remit of telepsychiatry applications.

Based on the results of the *Psychiatry Pilot Projects*, the AHMAC National Mental Health Working Group (NMHWG) is considering a proposal for a national trial of CMBS items for telepsychiatry in Queensland, South Australia and Victoria subject to:

- agreement between the Commonwealth and the RANZCP on the conditions to apply to the use of CMBS Items; and
- agreement within each of the three trial states on the arrangements to apply for infrastructure use and funding.

The Commonwealth Department of Health and Ageing (CDHA) is considering the Working Group proposal in the context of the recent submission by the RANZCP in support of the practical implementation of telepsychiatry. This submission addresses the question of developing specific telepsychiatry items for the CMBS.

Proposed new Medical Benefits Schedule Item Numbers

In support of the practical implementation of telepsychiatry, the RANZCP has proposed three new item numbers:

(i) ***Case Conferencing***

Organisation and co-ordination of a pre-arranged telepsychiatry session by a psychiatrist with a GP and one other formal care provider of a different discipline where planning activities take place in relation to the clinical management of one patient via telepsychiatry.

Total time of 15 minutes to 30 minutes, 31 minutes to 45 minutes, and 46 minutes or more.

(ii) ***Consultation Substitution Item Number, Referred Consultation via Telepsychiatry***

A telepsychiatry consultation by a psychiatrist of approximately x minutes patient related time with a patient. Approximate patient consultation time of not more than 15 minutes, 16 to 30 minutes, 31 minutes to 45 minutes, and 46 minutes to 75 minutes. This item number must be carried out in accord with the RANZCP guidelines and, for preference, another provider should be present with the patient. It is expected that this item will be expanded in the future to encompass payment for individual family members in family or group sessions as occurs in the CMBS.

(iii) ***Emergency Psychiatric Item Number, Participation in a Consultation-Liaison Telepsychiatric Session***

Participation in a consultation-liaison (CL) telepsychiatry session by a psychiatrist in a telepsychiatry link with a general practitioner, with or without, the identified patient, at a distant site when the patient's medical condition requires immediate treatment and where planning activities take place in relation to the clinical management of one patient at a distant site.

A record of the CL telepsychiatry session must be kept on the involved medical practitioner's record for the patient. The patient must be advised of the outcome of the CL telepsychiatry session.

It is expected that this item will be expanded in future to encompass payments for individual family members in family or group sessions as occurs in the CMBS. Total CL telepsychiatry session times are of 15 to 30 minutes, 31 minutes to 45 minutes, and 46 minutes or more.

Latest Developments

The Medicare Benefits Branch of the CDHAC is examining the RANZCP submission and will shortly establish a Medicare Benefits Consultative Committee (MBCC) to more fully consider it. The MBCC membership will be drawn from the CDHA, the AMA and the RANZCP. The CDHA will be writing to the RANZCP shortly to invite the College to participate in the MBCC.

At this stage, the CDHA is unable to predict the outcome of the MBCC consultative process or to say if any, or all, of the College's proposal will be accepted or not accepted.

The CDHA, however, would like to be able to make a final decision on telepsychiatry item numbers in time for the deadline for changes to the next edition of the CMBS, due for release in November 2002. The deadline for CMBS changes for the next edition is 1 August 2002.

Dr Jo Lammersma *is Honorary Secretary of the RANZCP*

How to Contact the SPGPPS

National SPGPPS Secretariat

Mr Phillip Taylor
SPGPPS Executive Officer
42 Macquarie Street
BARTON ACT 2600
Phone: 02 6270 5400
Fax: 02 6273 5337
Email: ptaylor@ama.com.au

Mr Allen Morris-Yates
SPGPPS Principal Information Officer
42 Macquarie Street
BARTON ACT 2600
Phone: 02 6270 5400
Fax: 02 6273 5337
Email: allen.yates@bigpond.com

Ms Bronwen van der Wal
SPGPPS Administrative Officer
42 Macquarie Street
BARTON ACT 2600
Phone: 02 6270 5400
Fax: 02 6273 5337
Email: bvanderwal@ama.com.au

Australian Medical Association

Dr Bill Pring
First Floor, Upton House (Box Hill Hospital Campus)
Thames Street
BOX HILL VIC 3128
Phone: 03 9895 8000
Fax: 03 9890 1877
Email: bpring@ozemail.com.au

Dr Choong Siew-Yong (Observer)
PO Box W84
WAREEMBA NSW 2046
Phone: 02 9845 2005
Fax: 02 9845 2009
Email: trickcycle@usa.net

The Royal Australian and New Zealand College of Psychiatrists

Dr Yvonne White (Chair SPGPPS)
66 High Street
RANDWICK NSW 2031
Phone: 02 9399 8459
Fax: 02 9326 4461
Email: drywhite@bigpond.com

Dr Jo Lammersma
529 Port Road
WEST CROYDON SA 5008
Phone: 08 8340 0822
Fax: 08 8346 0252
Email: plammers@adam.com.au

Mr Craig Patterson (Observer)
Executive Director
The Royal Australian and New Zealand College of Psychiatrists
309 La Trobe Street
MELBOURNE VIC 3000
Phone: 03 9640 0646
Fax: 03 9642 5652
Email: criag.patterson@ranzcp.org

The Royal Australian College of General Practitioners

Dr Brian Kable
32 Badminton Street
MT GRAVATT EAST QLD 4122
Phone: 07 3349 8355
Fax: 07 3343 8673
Email: brian.kable@racgp.org.au

Commonwealth Department of Health & Aged Care, Mental Health Branch & Special Programs Branch

Mr Dermot Casey/Mr Mick O'Hara
Mental Health Branch (Mail Drop 37)
GPO Box 9848
CANBERRA CITY ACT 2601
Phone: 02 6289 7343
Fax: 02 6289 7703
Email: mick.o'hara@health.gov.au

Commonwealth Department of Health and Aged Care, Private Health Industry Branch

Mr Peter Callanan/Ms Margaret Noris
Private Health Industry Branch (Mail Drop 86)
GPO Box 9848
CANBERRA CITY ACT 2601
Phone: 02 6289 7453
Fax: 02 6289 8750
Email: margaret.noris@health.gov.au

Commonwealth Department of Veterans' Affairs

Mr David Morton
Department of Veterans' Affairs
GPO Box 1652
ADELAIDE SA 5001

Phone: 08 8290 0510
Fax: 08 8290 0480
Email: david.morton@dva.gov.au

Consumer Representative

Ms Janne McMahon
15 Samuel Place
FELXISTOW SA 5070

Phone: 08 8336 2378
Email: jmcmahon@senet.com.au

Carer Representative

Mr John McGrath
C/- The Mental Health Council of Australia
PO Box 174
DEAKIN WEST ACT 2600

Phone: 02 6285 3100
Fax: 02 6285 2166
Email: admin@mhca.com.au

Private Health Insurer Representatives

Mrs Judy Hardy
c/- PO Box 217
UNLEY SA 5061

Phone: 08 8272 7960
Fax: 08 8272 8236
Email: judyh@tne.net.au

Ms Laurel Mitchell
Hospital Provider Relations Manager
NIB Health Funds
384 Hunter Street
NEWCASTTLE NSW 2300

Phone: 02 4921 2413
Fax: 02 4921 2444
Email: l.mitchell@nib.com.au

Private Hospitals Representatives

Ms Sue Feeney
The New Farm Clinic
22 Sargent Street
NEW FARM QLD 4005

Phone: 07 3358 3888
Fax: 07 3358 4781
Email: feeneys@ramsayhealth.com.au

Ms Moira Munro
The Perth Clinic
29 Havelock Street
WEST PERTH WA 6005

Phone: 08 9481 4888
Fax: 08 9278 2977
Email: moiram@perthclinic.com.au

SPGPPS News provides a brief summary of some of the issues being progressed under the auspice of the SPGPPS process. Further information can be obtained from the SPGPPS Website at *www.spgpps.com*.