

CHAPTER 6: PROTOCOL-BASED CARE

6.1 OVERVIEW

This chapter presents findings relating to ***Evaluation Question 4: To what extent has the Better Access initiative provided evidence-based mental health care to people with mental disorders?***

The question of the extent to which the *Better Access* initiative has provided evidence-based mental health care to people with mental disorders is difficult to answer for two almost contradictory reasons. The first is that the *Better Access* MBS item numbers are prescriptive about the type of care that is to be delivered, and designed that all such care should be evidence based. The second is that MBS data do not provide a detailed description of what happened at a given session, so it is difficult to assess the extent to which evidence-based care has actually been delivered. Having said this, there will be certain patterns of service delivery that might give some indications of the extent to which evidence-based care has been delivered. For this reason, this section has been re-named 'Protocol-based care'.

Two aspects of the *Better Access* service delivery protocol were examined. The first relates to the patterns of care delivered following a GP Mental Health Treatment Plan service (MBS item 2710). As already noted, the *Better Access* MBS item numbers are prescriptive about the care that is to be delivered. In some cases, notably the allied health items, the protocol also specifies the quantity of these services permitted and the period over which they can be provided. For example, the allied health item numbers provide for up to 12 sessions of care on the basis of a review by the referring GP after the first six. The number of sessions that the patient is referred is determined by the GP. After the initial course of treatment (a maximum of 6 services but it may be less depending on the referral) the GP can then refer to patient for up to a further 6 sessions. It is intended that the GP Mental Health Treatment Review item (2712) is used for this purpose. Although there will be considerable variability in the actual number of sessions required for individuals, if a high proportion of individuals were receiving only one or two sessions, this would presumably indicate problems with the protocol.

The second relates to the number of allied health services that can be delivered following a GP Mental Health Treatment Plan service (MBS item 2710) in a calendar year. Under *Better Access*, a patient cannot have more than 18 individual services (and 12 group services) per calendar year. For example, if the GP Mental Health Treatment Plan is written in November 2008 and the patient has 2 individual sessions with a general psychologist in 2008, then in 2009 they can carry on using the GP Mental Health Treatment Plan and access 10 individual sessions and then 6 more in exceptional circumstances. Even if they then have a new GP Mental Health Treatment Plan written in 2009, they have already accessed 16 individual sessions for 2009 and can only access 2 more in 2009.

A series of research questions was developed, focusing on these two aspects of the *Better Access* protocol:

A. *Patterns of care following GP Mental Health Treatment Plan*

1. To what extent are GP Mental Health Treatment Plans followed by a GP Mental Health Treatment Review?
2. What level of allied health services are being received by persons who have a GP Mental Health Treatment Plan followed by a Review?
3. What level of allied health services are being received by persons who have a GP Mental Health Treatment Plan not followed by a Review?
4. Does the number of allied services received vary according to number of GP Mental Health Treatment Plans received?
5. What are the socio-demographic characteristics of people NOT receiving allied health services following a GP Mental Health Treatment Plan?

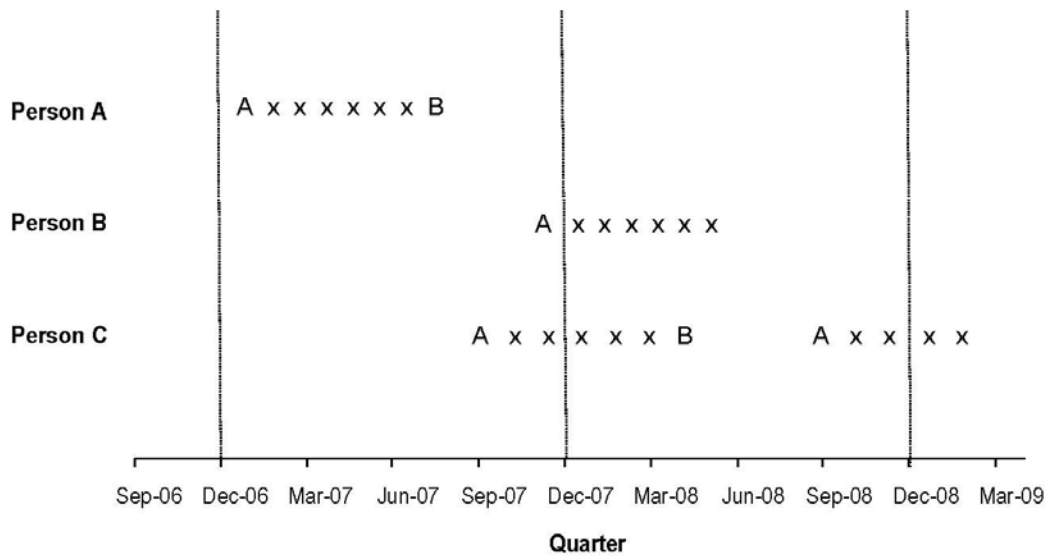
B. *Volume of psychological services delivered by allied health professionals*

6. How many *Better Access* psychological services are delivered by allied health professionals to each consumer within a calendar year?

6.2 PATTERNS OF CARE FOLLOWING A GP MENTAL HEALTH TREATMENT PLAN

To look at patterns of care following a GP Mental Health Treatment Plan, patterns of care over the entire period of available data (i.e., the December 2006 quarter to the March 2009 quarter) were examined. This decision was made because treatment ‘episodes’ can continue across calendar years. Applying annual cut-offs to the data would potentially censor (i.e. truncate) an episode and thus underestimate the volume of services received.

The effect of censoring is illustrated in Figure 6.1. The figure shows 3 simple examples of *Better Access* care patterns for Persons A, B and C. Person A has received a GP Mental Health Treatment Plan, followed by 6 sessions of Focussed Psychological Strategies, followed by a GP Mental Health Treatment Review. All services were received in the 2007 calendar year. If the period of interest for analysis was restricted to calendar year 2007, for example, this would capture all *Better Access* care received by this person, and would provide an accurate count of the number of allied health services they received following the Treatment Plan. Person B has received a GP Mental Health Treatment Plan in 2007, followed by 6 sessions of Focussed Psychological Strategies in 2008. If the period of interest for analysis was restricted to calendar year 2007, none of the allied health services they received would be counted. Person C has received services across three calendar years. If the period of interest for analysis was restricted to calendar year 2007, only two of the allied health services they received following their first Treatment Plan would be counted, and the Treatment Review would not be counted. It is acknowledged however, that even by including all available data, there will still be some censoring effects. That is, the number of services received may still be underestimated for people with ongoing episodes that are not complete by the end of the period covered by the data.



Notes: Vertical lines represent calendar year break.
 A = GP Mental Health Treatment Plan.
 B = GP Mental Health Treatment Review.
 x = Focussed Psychological Strategies.

Figure 6.1 Simple examples of *Better Access* care patterns.

The data presented describe the number of persons receiving *Better Access* services according to whether or not they received a GP Mental Health Treatment Plan with or without other services, over the period from the October 2006 quarter to the March 2009 quarter.

6.2.1 TO WHAT EXTENT ARE GP MENTAL HEALTH TREATMENT PLANS FOLLOWED BY A GP MENTAL HEALTH TREATMENT REVIEW?

Table 6.1 provides a summary of the total number of persons receiving any *Better Access* GP Mental Health Treatment Plan or Review service (MBS items 2710 or 2712) and the number of these services received.

Table 6.1 Total number of persons receiving *Better Access* services under MBS items 2710 or 2712, October 2006 quarter to March 2009 quarter, and number of 2710 and 2712 services received.

MBS Item	N Services (Range)	Persons		Services		Services per Person (Mean)
		N	%	N	%	
2710	1	1,037,673	90.7	1,037,673	82.8	1.0
	2	102,822	9.0	205,644	16.4	2.0
	3	3,211	0.3	9,633	0.8	3.0
	4	23	0.0	92	0.0	4.0
	5+	2	0.0	10	0.0	5.0
	Total	1,143,731			1,253,052	
2712	1	216,291	77.6	216,291	59.9	1.0
	2	47,072	16.9	94,144	26.1	2.0
	3	11,058	4.0	33,174	9.2	3.0
	4	3,142	1.1	12,568	3.5	4.0
	5+	985	0.4	5,185	1.4	5.3
	Total	278,548			361,362	
2710 or 2712	1	815,062	71.2	815,062	50.5	1.0
	2	233,394	20.4	466,788	28.9	2.0
	3	64,624	5.6	193,872	12.0	3.0
	4	20,481	1.8	81,924	5.1	4.0
	5+	10,412	0.9	56,768	3.5	5.5
	Total	1,143,973			1,614,414	

Data have regard to all claims processed up to and including 30 April 2009.

The vast majority (just under 91%) of people who received a GP Mental Health Treatment Plan received only one of these services. A further 9% received two. People who received a GP Mental Health Treatment Review most often received either one (78%) or two (17%) of these services.

The data suggest that around 21% of consumers who received a GP Mental Health Treatment Plan also received a GP Mental Health Treatment Review, a ratio of approximately 5:1. In terms of services provided, the ratio of GP Mental Health Treatment Plans to Reviews was approximately 3.5:1. In some cases, a Review may not have occurred because the first Plan was conducted shortly before the end of the counting period, and there was insufficient time for a Review to have occurred. Even allowing for this, the data indicate that many Plans may not be reviewed using the Review item.

6.2.2 WHAT LEVEL OF ALLIED HEALTH SERVICES ARE BEING RECEIVED BY PERSONS WHO HAVE A GP MENTAL HEALTH TREATMENT PLAN FOLLOWED BY A REVIEW?

Table 6.2 summarises the number of *Better Access* allied health services received by persons who received both a GP Mental Health Treatment Plan and a GP Mental Health Treatment Review. Data are presented separately for people who received only one Plan/Review “pair” of these services and people who received a greater number of these items.

Table 6.2 Number of *Better Access* allied health services received (within ranges) by persons who had *Better Access* services under MBS items 2710 and 2712, December 2006 quarter to March 2009 quarter.

	Persons	Percentage of persons receiving number of Allied health services within range:				
		0	1-6	7-12	13-18	19+
Persons who received one 2710/2712 pair	183,550	25.3%	27.5%	35.2%	8.9%	3.1%
Persons who received more than one 2710/2712 pair	92,517	22.6%	17.4%	19.2%	20.5%	20.3%

Data have regard to all claims processed up to and including 30 April 2009.

Data includes only those consumers who received *Better Access* services under MBS items 2710 and 2712.

Table 6.2 shows that, of persons who received one Plan/Review pair, one quarter did not receive any *Better Access* allied health services. A further 28% received between 1 and 6 services, 35% received between 7 and 12 services and 12% received more than 13 services. The distribution is similar among those who received at least one Plan and/or at least one Review.

In interpreting these data, it is important to acknowledge that some consumers who did not receive *Better Access* allied health services may have received psychological services from other sources, for example: from allied health professionals under the ATAPS program (which is not recorded in the MBS); from their GP, which may be recorded using the *Better Access* GP Mental Health Consultation item (2713) or under another MBS item; or via privately funded services.

6.2.3 WHAT LEVEL OF ALLIED HEALTH SERVICES ARE BEING RECEIVED BY PERSONS WHO HAVE A 2710 NOT FOLLOWED BY A 2712?

Tables 6.3 summarises the number of *Better Access* allied health services received by persons who received a GP Mental Health Treatment Plan (2710) but did not receive a GP Mental Health Treatment Review (2712). Data are presented separately for people who received only one GP Mental Health Treatment Plan and people who received two. The number of people who received more than two 2710 services (without a 2712) is too small to provide reliable patterns.

Table 6.3 Number of *Better Access* allied health services received (within ranges) by persons who had *Better Access* services under MBS items 2710 but did not have a follow-up 2712, December 2006 quarter to March 2009 quarter.

	Persons	Percentage of persons receiving number of Allied health services within range:				
		0	1-6	7-12	13-18	19+
Persons who received one 2710 services but no 2712 services	814,841	47.8%	44.2%	6.4%	1.2%	0.4%
Persons who received two 2710 services but no 2712 services	49,832	28.4%	41.8%	17.8%	7.3%	4.6%

Data have regard to all claims processed up to and including 30 April 2009.

Table 6.3 shows that, of persons who received one GP Mental Health Treatment Plan but no Review, almost half (48%) had received no *Better Access* allied health services. A further 44% had received 1 to 6 services, 6% received 7 to 12 services, and 12% received 13 or more services. As

noted in the previous section, the large percentage of people who received no allied health services may be, in part, be explained by receiving psychological services under other programs or MBS items. It may also capture people whose Plan occurred late in the observation period and for whom insufficient time has accrued for a service to have been received.

6.2.4 DOES THE NUMBER OF ALLIED SERVICES RECEIVED VARY ACCORDING TO NUMBER OF GP MENTAL HEALTH PLANS RECEIVED?

This question considers whether the number of *Better Access* allied health services varies as number of GP Mental Health Treatment Plans increases. People who had at least one GP Mental Health Treatment Plan (2710) and at least one GP Mental Health Treatment Review (2712) were considered first. For this analysis it was assumed that people who received 2 services most likely received one “episode” of care (where an episode is defined as a Plan followed by a Review, even if the Review was for the purpose of initiating a further episode). It was also assumed that people who received more than 3 services are most likely to have had two episodes (a 2710 followed by a 2712, followed by a further 2712 or a new 2710). People who received 4 services may have received two discrete episodes (2710 followed by 2712) or 3 contiguous episodes (2710 followed by a 2712, then another 2712), hence data are provided in a range to cover both scenarios, and so on.

Table 6.4 indicates that the average number of *Better Access* allied health services does not change, or may decrease somewhat, as number of episodes of *Better Access* care increases.

Table 6.4 Number of *Better Access* allied health services received and Number of 2710/2712 services received by persons who had *Better Access* services under MBS items 2710 and 2712, December 2006 quarter to March 2009 quarter.

Number of 2710/2712 services	Persons	Number of Allied health services received	
		Total	Mean per episode
2: One episode	183,550	1,190,540	6.5
3: 2 episodes	63,871	638,860	5.0
4: 2-3 episodes	20,475	276,510	4.5 - 6.8
5+: 3-4 episodes	10,410	152,178	3.7 - 4.9

Data have regard to all claims processed up to and including 30 April 2009.

Table 6.5 indicates some variation in average number of *Better Access* allied health services according to number GP Mental Health Treatment Plans received among people who received GP Mental Health Treatment Plan services but no GP Mental Health Treatment Review services. The average number of allied health services increases between 1 and 3 GP Mental Health Treatment Plan services. The numbers of people receiving more than 3 Plans is very small hence these data have not been reported.

Table 6.5 Number of *Better Access* allied health services received and Number of 2710 services received by persons who had *Better Access* services under MBS items 2710 but did not have a follow-up 2712, December 2006 quarter to March 2009 quarter.

Number of 2710 services	Persons	Number of Allied health services received	
		Total	Mean per episode
1	814,841	1,790,735	2.2
2	49,832	261,288	2.6
3	745	8,546	3.8

Data have regard to all claims processed up to and including 30 April 2009.

6.2.5 WHAT ARE THE SOCIO-DEMOGRAPHIC CHARACTERISTICS OF PEOPLE NOT RECEIVING ALLIED HEALTH SERVICES FOLLOWING A GP MENTAL HEALTH TREATMENT PLAN?

A subgroup of particular interest, as indicated by the previous analyses in this chapter, are those *Better Access* consumers who do not appear to be receiving allied health services following a GP Mental Health Treatment Plan.

As indicated by the previous analyses, there are a number of difficulties in profiling patterns of *Better Access* treatment to examine such issues. In particular, it is difficult to delineate 'episodes' of *Better Access* care in order to explore patterns of service use. The following analysis profiles patterns of care following the first GP Mental Health Treatment Plan (2710) items received by each consumer, up until their next Plan or GP Mental Health Treatment Review (2712). This involved identifying the first Plan item for each consumer referral occurring prior to 30 June 2008, and determining whether it was followed by one or more Psychological Therapy Services or Focussed Psychological Strategies services at any time up until the next Plan or review items, or the end of the March quarter 2009 (the latest date of data available). The cut-off date of 30 June 2008 for the inclusion of Plans was chosen because protocol for the Review of a GP Mental Health Treatment Plan item (2712) is that:

An initial review should take place a minimum of 4 weeks and a maximum of 6 months after the completion of the Mental Health Treatment Plan (2710). If required, an additional review 3 months after the first review is allowed in a 12 month period.

This method allows for a minimum of 9 months of observation for each person following their first Plan, which should be sufficient time in which to accrue at least one allied health service.

Table 6.6 shows the percentages of *Better Access* consumers who received, and who did not receive, any *Better Access* allied health services following their first GP Mental Health Plan (item 2710), according to age group, gender, region and socio-economic disadvantage.

Table 6.6 Consumers receiving *Better Access* allied health services following their first GP Mental Health Plan (item 2710), according to age group, gender, region and socio-economic disadvantage, December 2006 quarter to March 2009 quarter.

	Consumers who received a GP Mental Health Treatment Plan	Consumers who received at least one <i>Better Access</i> allied health service		Consumers who <u>did not</u> receive any <i>Better Access</i> allied health services	
	N	N	%	N	%
Age group					
0-14 years	56,373	40,070	71.1	16,303	28.9
15-24 years	139,580	76,226	54.6	63,354	45.4
25-34 years	194,150	111,267	57.3	82,883	42.7
35-44 years	207,452	123,451	59.5	84,001	40.5
45-54 years	159,658	94,620	59.3	65,038	40.7
55-64 years	93,705	55,111	58.8	38,594	41.2
65+ years	49,198	22,980	46.7	26,218	53.3
Gender					
Male	320,645	179,560	56.0	141,085	44.0
Female	579,471	344,165	59.4	235,306	40.6
Region^a					
Capital cities	593,605	360,185	60.7	233,420	39.3
Other metropolitan centres	82,629	47,562	57.6	35,067	42.4
Rural centres	122,402	66,146	54.0	56,256	46.0
Other rural areas	93,452	46,764	50.0	46,688	50.0
Remote areas	8,028	3,068	38.2	4,960	61.8
Socio-economic disadvantage^b					
Quintile 5 (Least disadvantage)	247,452	159,183	64.3	88,269	35.7
Quintile 4	195,902	119,191	60.8	76,711	39.2
Quintile 3	184,656	103,174	55.9	81,482	44.1
Quintile 2	152,495	79,579	52.2	72,916	47.8
Quintile 1 (Most disadvantage)	110,998	57,626	51.9	53,372	48.1
Total	900,116	523,725	58.2	376,391	41.8

Data have regard to all claims processed up to and including 30 April 2009.

^a Region based on RRMA classification.

^b Socio-economic disadvantage based on IRSD classification. Note that the data for socio-economic disadvantage exclude people for whom this data are missing.

The key messages from this table are:

- Overall, 58.2% of *Better Access* consumers who received at least one *Better Access* allied health service following their first Plan. Conversely, 41.8% did not.
- Older people aged 65 years or more showed the highest percentage of non-receipt of *Better Access* allied health services following a Plan (53.3%), whereas people aged 15 years or less had the lowest percentage (29.8%). The percentage for all other age groups was similar to the average for all *Better Access* consumers (41.8%).
- Non-receipt of *Better Access* allied health services following a Plan was somewhat higher for males (44.0%) than females (40.6%).

- Non-receipt of *Better Access* allied health services following a Plan increased considerably as level of geographical remoteness increased. Rates of non-receipt of allied health services following a first Plan were similar to the average for all *Better Access* consumers for people in capital cities and other metropolitan regions, but were 10% lower for people in rural centres, 19.6% lower for people in other rural areas, and 47.8% lower for people in remote areas.
- Non-receipt of *Better Access* allied health services following a Plan increased as level of socio-economic disadvantage increased. Rates of non-receipt of allied health services following a first Plan were 14.6% higher for people in capital cities, but were 14.4% lower for people in other rural areas and 15.1% lower for people in remote areas.

As noted already in section 6.2.2, it is important to acknowledge that some consumers who did not receive *Better Access* allied health services may have received psychological services from other sources.

6.3 VOLUME OF SERVICES DELIVERED BY ALLIED HEALTH PROFESSIONALS

The analyses in this section profile the number of Psychological Therapy Services items or Focussed Psychological Strategies items received in each calendar year since *Better Access* was introduced.

6.3.1 HOW MANY *BETTER ACCESS* PSYCHOLOGICAL SERVICES ARE DELIVERED BY ALLIED HEALTH PROFESSIONALS TO EACH CONSUMER WITHIN A CALENDAR YEAR?

Tables 6.7 and 6.8 summarise the distribution of total number of *Better Access* psychological services in calendar years 2007 and 2008 respectively, for all psychological services and grouped by provider type.

Table 6.7 Total number of *Better Access* psychological services in calendar year 2007, for all psychological services and by provider type.

	Persons		Services			Percentage of persons receiving number of allied health services within range:			
	Total N	Total N	Max. per person	Median	Mean	1-6	7-12	13-18	19+
All psychological services	314,410	1,586,362	30	4	5.0	73.5	21.6	4.8	0.1
Provider type: ^a									
Clinical psychologist	98,612	507,367	30	4	5.1	72.2	22.7	5.0	0.1
General psychologist	213,963	1,015,656	30	4	4.7	76.3	19.6	4.0	0.1
Any psychologist	302,531	1,523,023	30	4	5.0	73.6	21.6	4.8	0.1
Occupational therapist	2,011	10,444	20	4	5.2	72.0	22.4	5.6	0.0
Social worker	10,918	52,895	22	4	4.8	76.0	19.5	4.5	0.0
Non-psychologist allied health	12,921	63,339	22	4	4.9	75.3	20.0	4.7	0.0

Data have regard to all claims processed up to and including 30 April 2009.

^a Person counts for Provider types are not mutually exclusive.

Table 6.7 shows that, for all psychological services regardless of provider, the median number of services received in 2007 was 4. The distribution across service ranges showed that approximately three-quarters of people who received psychological services received between 1 and 6. A further 22% received between 7 and 12, and 4.8% received between 13 and 18. The table also shows that the distribution was similar across all allied health provider types. The 2008 data showed some modest increases in services received compared to 2007, and an increase in the overall median number of services received from 4 to 5 (Table 6.8).

Given that consumers are able to claim up to 12 *Better Access* allied health services (18 in exceptional circumstances), and a further 12 group services, in a calendar year, the median of 4-5 services may appear low. This will, in part, reflect the fact that the period of eligibility for using these services is the calendar year, regardless of when in that year the GP Mental Health Treatment Plan is conducted. That is, consumers whose Plan was conducted towards the end of the year will have less time in which to use the allied health services than people whose Plan was conducted earlier in the year.

Table 6.8 Total number of *Better Access* psychological services in calendar year 2008, for all psychological services and by provider type.

	Persons		Services			Percentage of persons receiving number of allied health services within range:			
	Total N	Total N	Max. per person	Median	Mean	1-6	7-12	13-18	19+
All psychological services	449,130	2,309,897	30	5	5.1	72.7	20.8	6.4	0.1
Provider type ^a :									
Clinical psychologist	151,587	785,174	30	4	5.2	72.3	21.2	6.5	0.1
General psychologist	289,785	1,400,485	30	4	4.8	75.4	19.1	5.4	0.1
Any psychologist	427,601	2,185,659	30	4	5.1	73.0	20.7	6.3	0.1
Occupational therapist	3,701	21,193	28	4	5.7	68.3	21.9	9.3	0.6
Social worker	20,157	103,045	23	4	5.1	73.0	20.7	6.3	0.0
Non-psychologist allied health	23,836	124,238	28	4	5.2	72.2	20.9	6.8	0.1

Data have regard to all claims processed up to and including 30 April 2009.

^a Person counts for Provider types are not mutually exclusive.

6.4 SUMMARY OF FINDINGS

Two aspects of the *Better Access* service delivery protocol were explored. The first of these related to the patterns of care delivered following a GP Mental Health Treatment Plan. Analyses revealed that:

- Approximately 21% of *Better Access* consumers who received a GP Mental Health Treatment Plan received a GP Mental Health Treatment Review, a ratio of approximately 5:1. In terms of services provided, the ratio of Plans to Reviews was approximately 3.5:1.
- Overall, 58.2% of *Better Access* consumers received at least one allied health service following their first Plan. Conversely, 41.8% did not.
- The extent to which *Better Access* consumers received allied health services following a GP Mental Health Treatment Plan varied according to age, gender, region of residence and level of socio-economic disadvantage. Older people aged 65 years or more had the highest percentage of non-receipt of allied health services following a Plan (53.3%), whereas people aged 15 years or less had the lowest percentage (29.8%). The percentage for all other age groups was similar to the average for all *Better Access* consumers of 41.8%.
- The percentage of non-receipt of *Better Access* allied health services following a Plan was somewhat higher for males (44.0%) than females (40.6%). Non-receipt of *Better Access* allied health services following a Plan increased considerably as level of geographical remoteness increased, being 19.6% lower for people in other rural areas, and 47.8% lower for people in remote areas. Non-receipt of *Better Access* allied health services following a Plan increased as level of socio-economic disadvantage increased. Non-receipt of *Better Access* allied health services following

a first Plan were 14.6% higher for people in capital cities, but were 14.4% lower for people in other rural areas and 15.1% lower for people in remote areas.

The second aspect of the *Better Access* service delivery protocol explored was the volume of allied health services delivered in a calendar year. Analyses revealed that:

- Among all consumers who received *Better Access* psychological services in 2007 and 2008, around 75% received between one and six, 20% received between seven and 12, and 5% received between 13 and 18. This suggests that the protocol is being interpreted appropriately by providers.