

CHAPTER 7: INTERDISCIPLINARY CARE

7.1 OVERVIEW

This chapter presents findings relating to ***Evaluation Question 5: To what extent has the Better Access initiative provided interdisciplinary primary mental health care for people with mental disorders?*** Specifically, it explores rates of uptake and service use of various combinations of MBS-subsidised *Better Access* items for the total Australian population, and for key subgroups.

The question of the extent to which the *Better Access* initiative has provided interdisciplinary primary mental health care for people with mental disorders can only be partially addressed using MBS data. Certain MBS item numbers are quite prescriptive about the involvement of providers. For example, the psychologist item numbers all require a referral from a GP, but it is beyond the scope of the MBS data to determine the nature of the interactions between different providers. There is, however, scope for determining whether particular individuals are receiving care from more than one provider (e.g., a psychologist and a psychiatrist), and to explore these patterns by rurality, age group, sex and socio-economic disadvantage. Nonetheless, it will be difficult to draw definitive conclusions about whether the care they are providing is collaborative and co-ordinated.

Interdisciplinary care was examined via the following research questions:

1. What is the distribution of uptake and service use across different combinations of MBS *Better Access* items?
2. Do patterns of interdisciplinary care vary according to socio-demographic characteristics?

7.2 WHAT IS THE DISTRIBUTION OF UPTAKE AND SERVICE USE ACROSS DIFFERENT COMBINATIONS OF MBS BETTER ACCESS ITEMS?

A detailed profile was undertaken of the extent to which *Better Access* consumers used different combinations of the *Better Access* MBS items. To do this the items were grouped as follows:

GPPR: GP Mental Health Treatment Plan and Review items (2710 and 2712)

GPC: GP Mental Health Consultation items (2713)

CP: Consultant Psychiatry items (291, 293, 296, 297, 299)

PTS: Psychological Therapy Services items (80000, 80005, 80010, 80015, 80020)

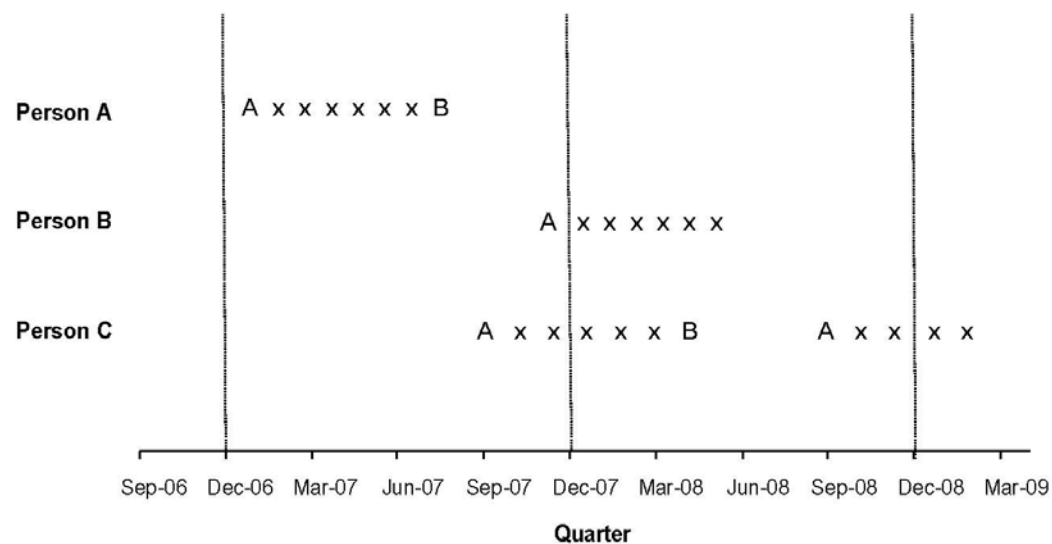
FPS: Focussed Psychological Strategies – Allied mental health items (80100, 80105, 80110, 80115, 80120, 80125, 80130, 80135, 80140, 80145, 80150, 80155, 80160, 80165, 80170)

These groupings were chosen for two reasons. Firstly, although Focussed Psychological Strategies can be provided by several types of allied health professionals (general psychologists, social

workers and occupational therapists), the array of services provided are the same. The services provided by clinical psychologists (Psychological Therapy Services) are grouped separately because the intent of the service is different from that of Focussed Psychological Strategies. Secondly, the groupings distinguish between services provided by GPs for the purposes of planning and review, from those provided as consultation items.

Patterns of *Better Access* service use in terms of the various combinations in which people used these items were then explored. Analysis focused on patterns of care over the entire period of available data (i.e., the December 2006 quarter to the March 2009 quarter). This decision was made because *Better Access* 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 extent of interdisciplinary care, both in terms of the proportion of people who received interdisciplinary care and the volume of services they received.

The potential effects of such censoring are illustrated by revisiting the 3 examples of *Better Access* care patterns shown in the previous chapter. These are illustrated again in Figure 7.1. If the period of interest for analysis was restricted to calendar year 2007, for example, Person A would be correctly categorized of this person has having received interdisciplinary care in that year, and the number of services they received as part of their interdisciplinary care would also be correct. Person B, however, would be categorised as not having received interdisciplinary care because only their GP Mental Health Treatment Plan service would be counted. Person C would be correctly categorized as having received interdisciplinary care, but only two of the services they received would be counted. It is acknowledged however, that even by including all available data, there will still be some censoring effects. That is, interdisciplinary care 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 7.1 Simple examples of *Better Access* care patterns.

Table 7.1 lists each possible combination of the five item groups (GPPR, GPC, CP, PT and FPS), and presents the total number of persons who have used that combination and the total number of services received within that combination, in descending order of uptake. Table 7.2 contains the same information, but is presented in descending order of the total number of services received.

Of the 31 possible item group combinations, 3 combinations were used by more than half (58%) of all *Better Access* service users, and 7 combinations were used by 87% of all *Better Access* users (shaded cells; Table 7.1). The 3 combinations with greatest population uptake involved one or other type of GP care only (GPPR alone, GPC alone), and GP Mental Health Treatment Plan or Review services in combination with Focused Psychological Strategies (GPPR+FP). The 7 combinations with greatest population uptake involved combinations that included GP services alone (GPPR alone, GPC alone, GPPR+GPC), 3 of the 4 the combinations involving GP care plus one of the either psychological therapies or focused psychological strategies (GPPR+FP, GPPR+PT, GPPR+GPC+FP), and Consultant Psychiatry services alone (CP alone).

When examined in terms of number of services used, there were 3 combinations that were used by 55% of all *Better Access* service users, and 7 combinations used by 77% of all *Better Access* users (shaded cells; Table 7.2). The 7 items that accounted for the greatest number of services involved all of the combinations relating to GP services alone (GPPR alone, GPC alone, GPPR+GPC), and all of the combinations involving GP care plus one of the either psychological therapies or focused psychological strategies (GPPR+FP, GPPR+PT, GPPR+GPC+FP, GPPR+GPC+PT). The 3 most frequently used combinations all involved combinations of GP care plus psychological care, reflecting the *Better Access* protocols relating to the number and timing of services permitted.

In summary, these patterns indicate that the majority of people using *Better Access* services were provided these services by GPs alone (44.9% of consumers) or by combinations recorded in the *Better Access* data as involving GPs and allied health professionals only (39.7%).

Interestingly, 16.4% of people were recorded in the *Better Access* data as having received only GP Mental Health Consultation items (2713). It is beyond the scope of the data to determine the reasons that GPs may have elected to use this item without a prior GP Mental Health Treatment Plan (item 2710). However the data show that the average number of GP Mental Health Consultation items per consumer is only 1.7 (i.e. 442180 services / 255, 991 persons). This suggests that this item may be being used in instances where the GP considers the mental health issue does not require intensive treatment.

Table 7.1 Patterns of interdisciplinary care among people who any Better Access MBS item, in descending order of population use, December 2006 quarter to March 2009 quarter.

	Total persons		Total services used	
	N persons	% of total persons	N services	% of total services
GPPR alone	331,021	21.2	382,935	5.0
GPPR+FPS	317,239	20.3	2,197,858	28.6
GPC alone	255,991	16.4	442,180	5.8
GPPR+PTS	131,864	8.5	955,873	12.4
GPPR+GPC	112,412	7.2	466,215	6.1
CP alone	101,389	6.5	109,785	1.4
GPPR+GPC+FPS	98,429	6.3	1,069,902	13.9
GPPR+GPC+PTS	36,736	2.4	421,756	5.5
FPS alone	22,082	1.4	92,477	1.2
GPPR+PTS+FPS	21,607	1.4	282,617	3.7
GPPR+CP+FPS	20,137	1.3	204,254	2.7
GPPR+CP	16,630	1.1	38,730	0.5
GPPR+GPC+CP+FPS	13,875	0.9	222,438	2.9
GPC+CP	13,285	0.9	47,523	0.6
PTS alone	12,193	0.8	57,488	0.7
GPPR+GPC+PTS+FPS	10,499	0.7	188,743	2.5
GPPR+GPC+CP	10,298	0.7	66,938	0.9
GPPR+CP+PTS	9,529	0.6	101,383	1.3
GPPR+GPC+CP+PTS	5,622	0.4	92,963	1.2
GPPR+CP+PTS+FPS	3,363	0.2	57,878	0.8
CP+FPS	3,170	0.2	23,706	0.3
GPPR+GPC+CP+PTS+FPS	3,057	0.2	74,410	1.0
CP+PTS	2,763	0.2	22,465	0.3
GPC+FPS	2,160	0.1	14,218	0.2
PTS+FPS	1,286	0.1	14,786	0.2
GPC+PTS	891	0.1	6,620	0.1
GPC+CP+FPS	664	0.0	6,709	0.1
GPC+CP+PTS	501	0.0	5,277	0.1
CP+PTS+FPS	437	0.0	6,910	0.1
GPC+PTS+FPS	121	0.0	1,804	0.0
GPC+CP+PTS+FPS	81	0.0	1,438	0.0
Total	1,559,332		7,678,279	

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

Shaded cells indicate item combinations used by 5% or more of total persons using *Better Access* services.

GPPR, GP Mental Health Treatment Plan and Review items (2710 and 2712); GPC, GP Mental Health Consultation items (2713); CP, Consultant Psychiatry items (291, 293, 296, 297, 299); PTS, Psychological Therapy Services items (80000, 80005, 80010, 80015, 80020); FPS, Focussed Psychological Strategies – Allied mental health items (80100, 80105, 80110, 80115, 80120, 80125, 80130, 80135, 80140, 80145, 80150, 80155, 80160, 80165, 80170).

Table 7.2 Patterns of interdisciplinary care among people who any *Better Access* MBS item, in descending order of services used, December 2006 quarter to March 2009 quarter

	Total services used		Total persons	
	N services	% of total services	N persons	% of total services
GPPR+FPS	2,197,858	28.6	317,239	20.3
GPPR+GPC+FPS	1,069,902	13.9	98,429	6.3
GPPR+PTS	955,873	12.4	131,864	8.5
GPPR+GPC	466,215	6.1	112,412	7.2
GPC alone	442,180	5.8	255,991	16.4
GPPR+GPC+PTS	421,756	5.5	36,736	2.4
GPPR alone	382,935	5.0	331,021	21.2
GPPR+PTS+FPS	282,617	3.7	21,607	1.4
GPPR+GPC+CP+FPS	222,438	2.9	13,875	0.9
GPPR+CP+FPS	204,254	2.7	20,137	1.3
GPPR+GPC+PTS+FPS	188,743	2.5	10,499	0.7
CP alone	109,785	1.4	101,389	6.5
GPPR+CP+PTS	101,383	1.3	9,529	0.6
GPPR+GPC+CP+PTS	92,963	1.2	5,622	0.4
FPS alone	92,477	1.2	22,082	1.4
GPPR+GPC+CP+PTS+FPS	74,410	1.0	3,057	0.2
GPPR+GPC+CP	66,938	0.9	10,298	0.7
GPPR+CP+PTS+FPS	57,878	0.8	3,363	0.2
PTS alone	57,488	0.7	12,193	0.8
GPC+CP	47,523	0.6	13,285	0.9
GPPR+CP	38,730	0.5	16,630	1.1
CP+FPS	23,706	0.3	3,170	0.2
CP+PTS	22,465	0.3	2,763	0.2
PTS+FPS	14,786	0.2	1,286	0.1
GPC+FPS	14,218	0.2	2,160	0.1
CP+PTS+FPS	6,910	0.1	437	0.0
GPC+CP+FPS	6,709	0.1	664	0.0
GPC+PTS	6,620	0.1	891	0.1
GPC+CP+PTS	5,277	0.1	501	0.0
GPC+PTS+FPS	1,804	0.0	121	0.0
GPC+CP+PTS+FPS	1,438	0.0	81	0.0
Total	7,678,279		1,559,332	

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

Shaded cells indicate item combinations comprising 5% or more of total *Better Access* services used.

GPPR, GP Mental Health Treatment Plan and Review items (2710 and 2712); GPC, GP Mental Health Consultation items (2713); CP, Consultant Psychiatry items (291, 293, 296, 297, 299); PTS, Psychological Therapy Services items (80000, 80005, 80010, 80015, 80020); FPS, Focussed Psychological Strategies – Allied mental health items (80100, 80105, 80110, 80115, 80120, 80125, 80130, 80135, 80140, 80145, 80150, 80155, 80160, 80165, 80170).

7.3 DO PATTERNS OF INTERDISCIPLINARY CARE VARY ACCORDING TO SOCIO-DEMOGRAPHIC CHARACTERISTICS?

Analyses were then undertaken to explore the extent of broadly-defined interdisciplinary care. This required a distinction to be made between which item combinations would be considered interdisciplinary care and, conversely, which would be considered mono-disciplinary care. Mono-disciplinary care was considered to include those item combinations that involved services provided by a GP only. All other combinations were regarded as indicating interdisciplinary care. As can be seen from Tables 7.1 and 7.2, this latter group includes item combinations that represent only allied health professional items or only consultant psychiatrist items. It was considered that, as these services require referral from a GP or another specialist such as a paediatrician, they should be regarded as interdisciplinary care even though those referrals are not represented in the *Better Access* dataset. Expressed another way, the classification of interdisciplinary care could be regarded as an indicator of specialist care (vs. primary care only). These groupings are quantified in Table 7.3, which shows that 44.9% of persons who received *Better Access* services received services from a GP only, and 55.1% received interdisciplinary *Better Access* care.

Table 7.3 Summary of interdisciplinary care groupings, as represented in the *Better Access* data, December 2006 quarter to March 2009 quarter

	Total persons		Total services used	
	N persons	% of total persons	N services	% of total services
Services provided by a GP alone	699,424	44.9	1,291,330	16.8
Services provided by a GP plus an allied health professional or psychiatrist	716,588	46.0	6,059,332	78.9
Services provided by an allied health professional or psychiatrist (but no GP)	143,320	9.2	327,617	4.3
Total	1,559,332		7,678,279	

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

Table 7.4 provides a profile of the receipt of interdisciplinary *Better Access* care, operationalised as above, according to age, gender, region and socio-economic status. The rates were calculated using the 2008 population as the denominator, and assume that the population remained constant over the period of observation. The rates are therefore a cumulative rate for the 29 months covered by the period included in the December 2006 quarter to the March 2009 quarter. The table shows that:

- The cumulative rate of any *Better Access* care over was 72.0 per 1,000 total population. The cumulative rate of interdisciplinary *Better Access* care over the same period was 39.7 per 1,000 total population.
- The percentage of *Better Access* consumers receiving interdisciplinary care was highest among young people aged less than 15 years (71.1% of *Better Access* consumers in this age group, 28.9% higher than for *Better Access* consumers overall).

- The percentage of *Better Access* consumers receiving interdisciplinary care was lowest among young people aged 65 years and over (44.0% of *Better Access* consumers in this age group, 20.2% lower than for *Better Access* consumers overall).
- The percentage of *Better Access* users receiving interdisciplinary care was equal for males and females.
- The percentage of *Better Access* users receiving interdisciplinary care decreased as remoteness increased. For people in other rural areas, the percentage was 46.8% (15.1% lower than for *Better Access* consumers overall), and for people in remote areas it was 33.2% (39.9% lower than for *Better Access* consumers overall). However it should be noted that some consumers, particularly those people in non-metropolitan areas, may be receiving psychological services via the ATAPS program (which are not recorded by Medicare).
- The proportion of *Better Access* users receiving interdisciplinary care decreased as level of socio-economic disadvantage increased. For people in the least disadvantaged areas, the percentage was 62.5% (13.4% higher than for *Better Access* consumers overall), whereas for people the most disadvantaged areas it was 48.0% (12.9% lower than for *Better Access* consumers overall).

Table 7.4 Cumulative rates of interdisciplinary care and all *Better Access* care, December 2006 quarter to March 2009 quarter.

	Interdisciplinary <i>Better Access</i> care			Any <i>Better Access</i> care			Percentage of <i>Better Access</i> users receiving interdisciplinary care
	N persons	% of persons	Rate (per 1,000)	N persons	% of persons	Rate (per 1,000)	
Age group							
0-14 years	70,914	8.3	17.2	99,777	6.5	24.2	71.1
15-24 years	124,481	14.6	41.5	234,387	15.2	78.2	53.1
25-34 years	172,781	20.3	57.9	314,036	20.3	105.2	55.0
35-44 years	191,418	22.5	61.5	340,578	22.1	109.4	56.2
45-54 years	150,857	17.7	51.0	272,486	17.7	92.1	55.4
55-64 years	91,511	10.8	37.9	170,632	11.1	70.7	53.6
65+ years	49,029	5.8	17.3	111,445	7.2	39.4	44.0
Gender							
Male	319,468	37.5	30.0	576,600	37.4	54.1	55.4
Female	531,523	62.5	49.4	966,741	62.6	89.8	55.0
Region^a							
Capital cities	590,255	69.4	43.3	1,023,271	66.3	75.1	57.7
Other metropolitan centres	76,702	9.0	43.8	137,464	8.9	78.5	55.8
Rural centres	103,094	12.1	37.0	205,111	13.3	73.5	50.3
Other rural areas	75,846	8.9	28.2	162,130	10.5	60.3	46.8
Remote areas	5,094	0.6	9.1	15,365	1.0	27.4	33.2
Socio-economic disadvantage^b							
Quintile 5 (Least disadvantage)	263,767	31.0	48.0	421,725	27.3	76.7	62.5
Quintile 4	194,036	22.8	42.1	337,697	21.9	73.3	57.5
Quintile 3	164,931	19.4	37.6	314,745	20.4	71.7	52.4
Quintile 2	130,975	15.4	34.9	266,641	17.3	71.0	49.1
Quintile 1 (Most disadvantage)	97,282	11.4	30.7	202,533	13.1	63.9	48.0
All <i>Better Access</i> items^c	850,991	100.0	39.7	1,543,341	100.0	72.0	55.1

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

Rates are crude rates.

^a Region based on RRMA classification.

^b Socio-economic disadvantage based on IRSD classification.

^c Total persons includes only individuals with data available on all socio-demographic characteristics, and thus may differ from the totals shown in Tables 7.1 and 7.2.

7.4 SUMMARY OF FINDINGS

The key findings from Chapter 7 are presented for each of the research questions explored:

What is the distribution of uptake and service use across different combinations of MBS *Better Access* items?

- People using *Better Access* services were most commonly provided these services by GPs alone (44.9% of consumers) or by combinations of *Better Access* items involving GPs and allied health professionals only (39.7%).

Do patterns of interdisciplinary care vary according to socio-demographic characteristics?

- Overall, interdisciplinary *Better Access* care was received by 55.1% of all *Better Access* users.
- The cumulative rate of interdisciplinary *Better Access* care over the period covered by the December 2006 quarter to the March 2009 quarter was 39.7 per 1,000 total population; the cumulative rate of *Better Access* care was 72.0 per 1,000 total population.
- Receipt of interdisciplinary *Better Access* care varied according to gender, age and region. Most notably, compared to the average across all *Better Access* consumers, rates of interdisciplinary care were 15% lower in other rural areas and 33% lower in remote areas.
- Rates of interdisciplinary care also decreased as level of socio-economic disadvantage increased. Specifically, rates of interdisciplinary care were 13% higher among people in the least disadvantaged areas, and 13% lower among people from the most disadvantaged areas, compared to *Better Access* consumers overall.