

## Chapter 7: Providers' experiences with delivering care through Better Access

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As noted in Chapter 3, 39 clinical psychologists contributed their views to the evaluation via interview/survey, as did 45 registered psychologists and 32 GPs. The experiences of these providers are described below.

### Experiences of clinical psychologists

#### *Impact on consultations*

Clinical psychologists were asked whether Better Access had had an impact on their consultations. Just over half (20, or 51%) reported that Better Access had increased their caseload. By contrast, one third (12, or 31%) reported that Better Access had had no impact on their caseload because they were already well established as private practitioners prior its introduction. Responses that typify those from these different groups are highlighted below:

*"Yes, because if I didn't have the Medicare rebate I think I'd have a lot less clients. I know that for sure. All my referrals are Medicare, apart from the occasional young person that probably goes under their parents' health fund or like migrants who don't have Medicare access."*

*"It has increased."*

*"No, it hasn't because I've been in private practice for a long time and I'm well known and therefore I always had a busy practice. So in a way it hasn't. In terms of number of clients it hasn't."*

*"Personally no because I was really busy before the Medicare items came in and I've only got so many hours in a week."*

A number of clinical psychologists (four, or 10%) reported that the make-up of their caseload had changed to include greater numbers of people with fewer financial resources and more complex mental health care needs. They made statements like:

*"The demographic has changed in that people who couldn't afford to see me can now afford to."*

*"It has had an impact - it's not upped the amount of work I do in the community at all in terms of numbers - I have always had a full clinic - but what it has brought in from the doctors is what you'd call dual diagnosis. I have seen lots of kids with major medical problems ... as well as the psychological aspects of it and that was a new thing. Prior to Medicare, the GPs they really didn't refer and so you would only occasionally see a chronic fatigue case or something because they were out of school, but Medicare has certainly brought in the medical cases of kids and it's certainly brought in parents that you might not see, parents with major medical illnesses, cancer or other major things. [They] now feel that this aspect of psychological treatment for their children and families is part of what they can have along with it, so there is more, there has definitely been a shift, there is a bigger medical side. It's really good."*

*"...I think that there is a much broader range of people that can access services now that couldn't in the past. There is a whole lot of people with socio-economic issues that couldn't access privately before that can now. And I guess they are more likely to bring their kids for help."*

Clinical psychologists were also asked whether Better Access had had an impact on the way in which they conducted sessions. Twenty one (54%) indicated that Better Access had not led to changes in the way they conducted sessions, whereas 15 (38%) indicated that Better Access had assisted them in offering timely, comprehensive and integrated care to consumers. Twelve clinical psychologists (31%) explicitly commented on the impact that the number of sessions had had on their practice. Some felt that it provided them with structure while others were conscious that they had to achieve an outcome within a certain time frame and others found the item numbers restrictive. The variation in views is highlighted in the comments below:

*"In terms of the content of therapy that sort of thing, I do the same stuff no matter how they get to me. It's more about the financial side of it really for people."*

*"No, I do the same thing as I used to. It hasn't changed the duration of sessions, it hasn't changed the assessments."*

*"... It's taken some of the pressure away from us having to consult at a fairly, at a very forced level to get results because the fees have been so high, and people couldn't afford it ... It's meant that we are able to be more effective in the sense of having the luxury of a few more sessions with people to be able to achieve a desired outcome."*

*"I am much more likely to offer what I feel is a comprehensive professionally adequate service to them. Before I'd reduce the number of sessions I would have had with them even though I felt it was not adequate for them, just to make it affordable for people, they wouldn't get as many sessions, they wouldn't get them as often perhaps as they were able to now."*

*"I'm thinking because of the limited number of sessions sometimes if they're going to need more sessions than the Medicare ones then we try and pick that up really early in the piece and make an appropriate referral because I'm conscious of the 12 session limit and I know sometimes you can get 18, in fact I haven't been able to get 18 but most of them in the long run deal within the 12, but I'm conscious if someone may have an issue that's going to be much more time consuming we have to be clear about that up front."*

*"I am more aware of the timeframe and the consultations available to individual clients."*

## **Communication with other mental health care providers**

Clinical psychologists were asked about how they had found communicating with other providers in the course of providing Better Access care. For the most part, they discussed their communication with GPs.

Twenty seven clinical psychologists (69%) reported that the referrals they received from the GP were appropriate. Seven (18%) reported that the appropriateness of referrals varied; where they were inappropriate it tended to be because the consumer had particularly complex needs, did not have a diagnosable mental disorder, or lacked motivation. The following comments exemplify these responses:

*"I think the majority of cases, yes. [However] some people do turn up and they initially say they're only there because the doctor's told them it's a good idea, and some of those*

*people might attend for a few sessions and then not attend, but the majority of the time, yes, they are appropriate, although often the problem identified by the client is not exactly the problem that's written on the mental health treatment plan. I have found that the client will often ... give me info that they may not have given to the GP"*

*"In general, very appropriate. We get referrals from a number of specific clinics and I think we've had enough communication with them to develop a good understanding of who's going to benefit, the type of clients that will benefit."*

*"I think they are really good. Some of them are very hard. I get sent people with very complex care needs, but you know I might have a presentation with, like an ex-heroin addict on an opiate replacement programme with some paranoia and depression and anxiety, and they're pretty hard to manage in say 12 sessions, but they usually send people that are motivated to do something ... Sometimes in a private setting when people would just ring up out of the phone book or whatever I'd get some pretty scary people, so I feel a lot safer in the work that I do."*

*"Nearly always highly appropriate. Occasionally they refer people who are not depressed or anxious; they do not have a diagnosable condition in my opinion. I would only see these people once or twice; they just need to talk. Because I have a long waiting list, I don't want to spend my time with the 'worried well', but I would refer them somewhere else if they needed to talk."*

Ten clinical psychologists (26%) felt that the referral information provided by GPs in the mental health treatment plan was adequate or comprehensive. By contrast, 25 (64%) indicated that it was at best variable and at worst inadequate. Their complaints included that the information was too general, lacking in detail, missing processing information (e.g., the GP's provider number), or inaccurate from a clinical perspective. Examples of these divergent responses are provided below:

*"GPs could put more information on referrals".*

*"Variable is the best answer for that. We actually had one client who was a child who came with the mental health care plan but mum had filled it out in pencil. The doctor had printed it off and signed it and the mother had filled out all the information in it. So that's one extreme and the other extreme is very comprehensive where the doctor's done some basic psychometrics, has given a medical and psychological history, knows what we mean by the difference between CBT and interpersonal therapy ... It takes all kinds I suppose."*

*"They are pretty useless, to be honest. Even though they are apparently doing an extended consultation, I would be surprised if they were all doing this. Most are templated. I pretty much ignore their assessment because it is mostly inaccurate and they do not have the diagnostic skill. I think that it is an unnecessary part of the process. But they are the gate-keepers. I wouldn't be saying it so frankly outside of this setting."*

*"The only point about the mental health care plan that can come in is that the doctor may have signed it but not have left his provider number or anything about the practice from which he's working, so I might have to ring the secretary and say what's the provider number, because everything links on the provider number. So it's a little secretarial thing. It would be good if that was a part of how they sign their signature or put their stamp on it. That helps a little bit."*

A number of clinical psychologists discussed the kinds of additional referral information that would be useful in the mental health treatment plan. They sought more information about the consumer's background, general health status, previous mental health history and current treatment (including medications). They also desired additional detail on risk issues, and favoured the inclusion of a mental state examination and scores on any outcome measure that had been administered. They were also keen on receiving a treatment recommendation. The comments below illustrate some of these points:

*"Some of the medications ... It would be helpful to me to know exactly what the client is taking and the dosage, because often that's not up to date. Probably a little bit more background information because you know they may have known the client for a long time, so they may have more information and certainly medical conditions."*

*"I think the information from the GP that's been most useful is what the goals are for therapy and what way they think, their knowledge of what this person actually needs so a good referral for me is if they can make a diagnosis and then identify what particular therapy they need, so CBT for anxiety."*

*"Some of them do the K-10 and the DASS. If they ... [gave me those results] ... that would give me a nice start."*

*"Probably risk, level of risk. If you are in a situation where you've got waiting lists, it's always good to know just in terms of triaging appointments."*

Having said this, three clinical psychologists (8%) indicated that although they did not find the mental health treatment plans particularly useful, they did not require further detail because they conducted their own assessments and did so "from scratch". This group made comments like:

*"To be honest, it's a bit superfluous. I don't feel that mental health care plans are really necessary. I have to do my own assessment for my own peace of mind. You know, the doctor might make a diagnosis and that's fine, they put in some diagnosis or other and I'm going to do my work whichever way it goes. If they sent no referral or a mental health care plan, I'm still going to work in the same way."*

*"Really, the plan is not overly helpful for us. What we need really is just the referrals. When a person comes for the first session, we always do our own diagnosis in that session and it's thorough, and we look at the... problem and the expectations of the client and so really the referral note, with just, I mean if the doctor has done some diagnosis, that's excellent."*

Clinical psychologists were also asked about how they provided information back to the GP during and after treatment. The vast majority (34, or 87%) indicated that they had fulfilled the Better Access reporting requirements by providing routine reports or letters, usually after the initial consultation and definitely after the 6<sup>th</sup>, 12<sup>th</sup> or 18<sup>th</sup> session. The clinical psychologists' written reports focused on providing GPs with information relating to the consumer's current situation, his or her treatment response and any future treatment recommendations. Some clinical psychologists also reported that they phoned GPs to communicate any pressing risk issues.

*"What I do as soon as I see the client for the first session ... [is] ... send back a letter acknowledging the referral and also if I've done the DASS I'll give that information as well. Then if there is something else that's very relevant and ... I don't really know if the GP knows that information, I will provide that information in that letter, and of course if*

*there is any sort of risk assessment if there is suicide ideation I send that information back initially as well. Then I will write to the GP at the end of six sessions or earlier, and outline the treatment strategies, the results of the DASS if I've used that again or any other psychometric instrument I've used and then if I've really got any concerns about the client I'll actually also write that. Often in the first instance [I] try to ring and pass that information on to the GP, and then [I] also follow it up with a letter if that's fairly important and the GP might want that on the file as well."*

*"Usually by a letter unless there is some sort of crisis where I think the GP might be able to help, in which case I'll ring them up. Just a letter, just trying to limit to one page because they don't have the time to read more and trying to get things as concise and in a nutshell as possible."*

*"We write to the GP after the first session, the sixth session and every anniversary at the 6<sup>th</sup> session and after the final session and we have in-house proformas that we use for that. Our 6<sup>th</sup> session review is probably quite long. It's about a page and a half, but at that point we do a reasonably detailed one because we've got the best idea at that point of diagnosis and treatment."*

### **Logistics of registering with and billing Medicare**

The majority of clinical psychologists (33, or 85%) said that they did not experience difficulties registering with Medicare to provide Better Access services. They described the process as "easy" "straight forward" and "very efficient". A smaller number (4, or 10%) reported some difficulties, mostly relating to the paperwork being time-consuming. The former group noted that their membership with the Clinical College of the Australian Psychological Society made the process easier; the latter group found having to register through the APS was cumbersome. The range of responses from the two groups is illustrated by the quotations below:

*"Well, my experience was fairly smooth because I was a member of the Clinical College so it virtually went straight through straight away, right at the start of the program. I didn't have any major hassles that I remember."*

*"I was one of those who did it within the first 12 months or so and did it through APS, so while it was time consuming to do, I suspect it might be easier than what people have to do now, I am not a 100% sure. The only complication I would say is it did take a lot of time and a lot of paperwork."*

*"I had to join the APS at the time which I thought I shouldn't have needed to do. I think you don't have to now."*

*"Well this is nothing to do with Medicare because I was a counselling psychologist before so I had to go through rigmarole with the APS to be registered as a clinical psychologist and that was the only real hassle."*

Many clinical psychologists found the process of billing Medicare relatively easy. Twenty seven (69%) reported having no problems or minor issues only. However, nine (23%) experienced some difficulties, mostly to do with late payments, the time-consuming nature of the process, and not being able to charge only the "gap" payment (but rather having to charge the full schedule fee and the "gap" and then asking the consumer to seek a rebate for the schedule fee from Medicare). The following quotations illustrate the range of views:

*"It has been fine. I haven't had any problems. There is a little bit of a delay in payment when you bulk-bill people, but the cheque turns up eventually."*

*"I do bulk-bill a number of my clients, I only work in private practice one day a week and I do bulk bill and that's fine that works well, no dramas there, but what I find the main problem is ... if I don't bulk-bill them they can't just do a gap payment, they have to do the up-front fee and then claim it back and I find that very difficult. I feel for them to have to do that, you know for lower income people sometimes you don't want to bulk-bill everyone, you can't afford to, and to make it easier for them would be if they could just do a gap payment."*

*"It's been slightly frustrating in that we can't charge a kind of small gap for people when we bulk bill and what we're getting is we get people paying the gap as an upfront payment when they come for the appointment and then the cheque may never arrive".*

*"I do it manually so I've just got the old fashioned swiping thing and then I'm filling in manually the form for Medicare. It's a little bit time consuming. I have had my practice manager come and assist me with that and I've eventually got her to be doing more of filling in the details. Because I work on my own I've got to make sure I've got a witness to sign off my form and send that off to Medicare and I've got a bit of a system going so it's going quite okay. And it's my choice not to do it online because here in the bush we just haven't got access to the internet, it can drop in and out on a cloudy day or a rainy day so for me it's just easier to do it all manually."*

## **Charging policies**

Clinical psychologists reported a range of charging policies. Five clinical psychologists (13%) indicated that they bulk-billed all of their consumers, usually because they worked with socio-economically disadvantaged groups, wanted to improve access for consumers, and/or considered the schedule fee to be sufficiently generous. These psychologists made statements like:

*"Yes I just bulk-bill. That's what we should be doing, all of us should be doing. Clinical psychologists get a reasonable rebate so why would we be charging more."*

*"Bulk-bill. It's easy. People in my area don't have a lot of money and other barriers prevent may prevent them from accessing (e.g., availability of care and stigma)."*

Twenty five clinical psychologists (64%) indicated that they bulk-billed some consumers but not others. They said they made the decision on a case-by-case basis, being more likely to bulk-bill people on low incomes. Standard responses from this group included:

*"I bulk-bill clients on Centrelink, disability, aged pension, study allowance, if financially difficult. Everyone else gets charged the same fee and they get the rebate."*

*"I am bulk-billing people that have got financial difficulties. My fee is \$160, however, I don't think I ever get that because if you've got a health care card you pay 20% less, if you're in financial difficulty then you will pay 30% less, if you are a single parent or struggling I will bulk-bill so I actually try and help as much as possible. So there are very few people that actually pay the fee."*

*"Bulk-billing clients on low income. I bulk bill if they are on a health care card or there is some other specific situation that causes them to be in that low income [bracket], otherwise ... I charge \$140 so that gives a small gap otherwise."*

Six clinical psychologists (15%) indicated that they did not bulk-bill and charged a set fee for all consumers unless there were exceptional circumstances. Three (8%) reported that they did not bulk-bill either, but that they charged a reduced fee to consumers with financial difficulties. Examples of these responses are provided below:

*“Well I run a non-bulk billing practice, so basically the discount fee that's a small gap, it's basically consistent with my colleagues in private practice. And I do make it very clear to people when they come in for an appointment that it's a non-bulk billing facility.”*

*“No my fee doesn't change regardless of whether it's a Medicare customer or some other circumstance ... I stay very much with the fee that I've set. I mean occasionally people will ask for a discount. I tend not to give them but I'll always listen to a person's circumstances and if I think it's appropriate I'll take that into consideration.”*

*“I've always had a policy of lowering my fee for people who struggle to pay. It hasn't been affected by this. I don't bulk bill but I offer patients who I feel would struggle a lower fee than the standard fee.”*

### **Positive impacts for clinical psychologists**

Clinical psychologists were asked whether Better Access had had positive impacts for them, and 36 (92%) indicated that they had. Table 42 summarises the kinds of positive impacts that clinical psychologists mentioned.

**Table 42: Positive impacts for clinical psychologists (n=39)\***

	Freq	%
Improving access	26	67%
Affordable care	16	41%
Integration of care	8	21%
Financial rewards	8	21%
Professional opportunities and development	5	13%
Early Intervention	4	10%
Professional recognition	3	8%

\* Multiple responses permitted

In response to this question, clinical psychologists most commonly made mention of benefits that accrued for consumers, sometimes noting that these offered indirect, flow-on benefits for them as providers. The most frequently cited positive impacts were improved access and affordability of care for consumers. Twenty six clinical psychologists (67%) commented on access and 16 (41%) made mention of affordability. Clinical psychologists talked about the fact that broadening the availability of high quality mental health care was very satisfying for them.

Typical comments included:

*“I think that it allows ... it frees up the financial thing from the actual treatment room. So when people in the past were paying full fee for themselves there was an urgency about it – ‘You've got to get fixed really quickly because you can't afford more than one or two sessions’, so I think there is a sense that you can actually do therapy properly.”*

*“I feel that I am able to provide therapy to a wider group and more people because it is affordable.”*

Another commonly cited positive impact, mentioned by eight clinical psychologists (21%), was the ability to provide integrated, co-ordinated care. For many, this went hand-in-hand with

improved inter-disciplinary communication and collaboration. Clinical psychologists found it extremely satisfying to operate as part of a network of providers with similar goals. The comments below illustrate these points:

*"... I think it's really been good. I think it should overall improve the communication between referrers and psychologists and I think there's an accountability process there that I really like. I like the fact that referrers and therapists have to be accountable, that therapists have to be accountable to the GPs. I think that's an absolute must, and you know there has to be a knowledge on the clients [part] that this is going to occur from Day 1, that there is going to be a communication process and accountability for making sure that the services we provide are effective and timely."*

*"I like the idea of it being part of some sort of team, [that] I am not the person who is solely responsible for someone's wellbeing. In terms of the co-ordinated care, I really like that."*

*"Probably the most significant positive impact has been the effect of improved information exchange, particularly emanating from the GP ... Generally speaking, the effect of [the mental health treatment plan] has been the basis for me receiving more information about the client. I guess implicitly it's also provided a better feedback loop in terms of me feeding information back to the GP and maybe being more structured in that."*

Financial benefits were also mentioned by eight (21%) clinical psychologists. They noted that the Better Access initiative enhanced the viability of their private practice and gave them a steady flow of referrals. The following responses were typical:

*"At a business level it probably does maintain a steady flow of customers. I mean, again, like I said before, who knows if it wasn't there what the marketplace would be like, but my guess would be that perhaps it would be more difficult to keep up a consistent caseload number if the Medicare access wasn't available."*

*"More money, more income."*

*"Running a business. I haven't had to search for clients."*

Five clinical psychologists (13%) also reported that Better Access had provided them with professional opportunities. Some mentioned that it had extended their skills base by enabling them to work with different consumers with more complex issues, while other said that it gave them the opportunity to work in private practice settings. The variation in responses is highlighted in the comments below:

*"So for me I think it's enabled me to have an opportunity to get into more private practice work. It's also allowed me to work within that primary care or sort of GP allied health model and I do enjoy working in that setting, that type of environment where you're working in conjunction with a general practitioner. It's quite a solid meaningful type of work and you expect a higher professional standard obviously."*

*"It has enabled me to practice a broad range of psychological therapies across a broad range of areas. It has made me a much more 'rounded' psychologist."*

Four clinical psychologists (10%) noted that Better Access had increased their ability to provide early intervention. They made comments like:

*“Look, I think it's a great system, I think it's certainly a step in the right direction and it has had positive impacts. I think our practice is busier as a result, we're getting more referrals and people who otherwise would have been left untreated are getting treatment ... particularly in the early intervention stage when the problems first start arising we're getting more of those referrals which is great because I think it can prevent problems from escalating ...”*

*“... I'm seeing more younger people early so I'd like to think that there might even be a bit more prevention going on than there would have been before so of course families can afford to bring their children who are anxious or depressed and have an option other than the local Child and Adolescent Mental Health Service [CAMHS] system I think.”*

Another less frequently mentioned impact was increased professional recognition. Three clinical psychologists (8%) commented that Better Access had given psychologists greater legitimacy, and had reduced some of the stigma attached to seeking psychological care. They made comments like:

*“I guess it's recognition of the profession of psychology. It's given us a significant degree of legitimacy I think with the GP.”*

*“And I think I like the way it's sort of raised the profile of psychology, psychological treatment. I think it's sort of destigmatised things a bit, not completely but I think it's having that effect.”*

### **Negative impacts for clinical psychologists**

Clinical psychologists were also asked whether Better Access had had negative impacts for them. Close to half (17, or 44%) explicitly said that the scheme had had no negative impacts for them. Twenty one (54%) noted that Better Access had had some negative impact for them, but often this was quite minor. Table 43 shows the kinds of negative impacts mentioned by clinical psychologists.

**Table 43: Negative impacts for clinical psychologists (n=39)\***

	Freq	%
Increased demand	7	18%
Issues with different stakeholders	6	15%
Increased paperwork	6	15%
Fee structure/financial concerns	6	15%
Session limits	2	5%

\* Multiple responses permitted

Seven clinical psychologists (18%) were concerned about the increased work demands that were associated with increases in numbers of referrals. Some clinical psychologists did not feel that they had adequate resources to meet these demands. Their comments are summarised in the one below:

*“Demand, not all get follow through, more demand than I have capacity. For example, trying to manage [my] waiting list ... Clients expect me to see them on the day or next day. It's hard to manage the waiting list.”*

Six clinical psychologists (15%) talked about issues with different stakeholders, and in particular other providers. The fact that the GP acts as a “gatekeeper” was key among their concerns. They suggested that this caused delays and misunderstandings, and sometimes led to

inappropriate referrals and people “falling through the net”. The following comments highlight these concerns:

*“If people ring often they will ask, ‘Do I need to have a referral to see you?’ You know, sometimes people that probably want to get in fairly quickly then realise that they have to go through the GP, so I am just wondering whether that extra step sometimes means that you lose clients because you could have seen them fairly quickly if they could have actually come through themselves without going through the GP first.”*

*“... I think that having GPs as the referral source is a bit of a nonsense and I think that it overly complicates things and I think it provides GPs with a revenue stream. I understand a significant proportion of the Medicare dollars for psychology goes to GPs and I think that's ridiculous because I don't think that they add anything. They're doing a mental health assessment and then saying, ‘Yes, you need to go and see a psychologist.’ Someone could go directly to a psychologist and get the same thing. But they have to, the way the system is, the doctors are the gatekeepers to the health industry but I think that's a real problem because they don't add anything to the patient care. In fact, I think they might sort of stop quite a lot of people from accessing the services ... So I think that's quite a serious issue. But I don't think we'll get the GPs to agree to not being the gatekeeper.”*

Another negative impact, mentioned by six clinical psychologists (15%), was the increased paperwork. These psychologists made statements like:

*“Well the added paperwork certainly has been a big thing. No, just the added paperwork.”*

*“... There's the report writing time which isn't acknowledged in the fee. I mean it isn't an onerous amount of time. I mean the other side to that is that it is a way of thinking and crystallizing and formulating cases and that is articulated and documented. I mean not to say that it wouldn't happen in the absence of that feedback to the GP but it is a way that structures that. It's only the time factor that's not acknowledged in the reports.”*

An equivalent number of clinical psychologists (six, or 15%) had financial concerns that revolved around their fee structure. Some commented that the rebate was insufficient. Some felt that excessive bulk-billing was devaluing their services, while others felt that their peers were becoming “greedy”. These varying views are indicated in the quotations below:

*“I don't think the rebate is high enough compared to the APS recommended fee, and I think that's a negative thing. Because then as a practitioner I have to decide my own fee ... Because it [the schedule fee] is just over half of the APS recommended fee, I need to make a decision about how much to charge people which puts the onus on me. Personally, I'd prefer if it was standard across the board. If it was a reasonable rebate then just charge the rebate and then everyone would know. I think it would take [away] some of that discrepancy, the difference between all the different practitioners.”*

*“The numbers of people who are bulk-billed and don't pay anything, it devalues our service and profession for some people. We are treated as a governmental department or community service. It is just a select minority, I think.”*

*“Only in that the other private psychologists tend not to bulk-bill. The negative impact for me is that I'm seeing other private psychologists being money hungry and greedy, that's the only negative thing. I went to a psychologists' breakfast the other morning and I had one of the other psychologists sitting across the table from me saying, ‘Oh well*

*you know the APS has a recommended fee and we should all charge it. But we're living in the bush and it's just you know in the city I know that people can be more competitive, we don't need to be competitive here.' And that really irks me. So, you know, I think Medicare is a wonderful thing for access because having worked in the health service I saw how hard it was for clients to access a psychologist and they were not accessing quality services. So I'm really pleased that the clients can access a service ... but the only negative impact is those greedy psychologists."*

Two clinical psychologists (5%) saw the prescribed limit to the number of sessions as problematic. They felt that this meant they could not always meet the needs of consumers with chronic and severe conditions, and made statements like:

*"Most people you do your 12 sessions and that's okay, some people need that exceptional circumstance the extra six sessions and that's okay. There are a small number of people who have chronic, severe conditions ... [and] ... you can only see them 12 times a year. It's just sometimes totally unrealistic and it's sets us up for failure ..."*

### **Perceived positive impacts for consumers**

The vast majority of clinical psychologists (38, or 97%) felt that being able to provide psychological services via the Better Access had benefited consumers under their care. Table 44 provides a breakdown of the kinds of benefits that they discussed.

**Table 44: Perceived positive impacts for consumers (n=39)\***

	Freq	%
Access	31	79%
Generalised benefits	10	26%
Integration/co-ordination	6	15%
Early intervention	2	5%
Reduced reliance on public sector mental health services	2	5%
Long-term care	2	5%

\* Multiple responses permitted

The most commonly identified consumer benefit was improved access to care. Thirty one clinical psychologists (79%) commented on this, making statements like:

*"It has meant that people who previously could not afford services can now see someone. Previously, there were really long waiting lists for services and people didn't have the option to go privately because they didn't have enough money. I think it has made it much more accessible for that client group."*

*"Absolutely. ...It's taken away the biggest worry in terms of, you know, financial situations. Because psychological intervention is not a one off thing, if I was to charge people say \$160 and they didn't have Medicare ... it's an incredible financial burden for people. I get this often that people say, 'I am so glad that there is Medicare there so that these problems I've had, I've been depressed most of my life, but I've never been able to afford to come and see somebody.'"*

Ten clinical psychologists (26%) commented more broadly on the fact that Better Access had generalised mental health benefits for consumers including, improved mental health status, increased understanding of mental health symptoms and how to manage them, and better relapse prevention. These psychologists made comments like:

*"I'd say definitely. The feedback I get from the clients anyway is that usually outcome valuations are quite positive and there's been real shifts in their mental health status."*

*"Well yes, definitely, definitely. If someone comes and they are in a very sort of depressed, confused state, they can't understand why something has happened or why they're feeling a particular way and when you're able to help them understand what is going on, you know, they can move forward ... Most of the people that come to me are stuck somewhere, they're stuck and then you know when we as professionals are able to help them see or understand the reason why they're stuck, then they can move forward and that's huge I think for people, it's huge."*

*"I think it certainly has. It's helped them for one thing to understand psychological impacts and to understand why they feel the way they do, most especially those who had trauma as children, and they don't realise the trauma has been with them throughout. I have 60 year old women who were molested at the age of five, and it's really ruined their lives up to that point then they suddenly realise. 'Oh, right, this is why I am like this. I am now going to change.' It's such a revelation to them ... It's so wonderful to see that change."*

*"The most obvious is that their mental health has improved. Fast access to psychology, and intervening before issues become chronic. Timeliness of treatment - two week turnaround. GP gatekeeper – relapse prevention timely."*

Six clinical psychologists (15%) indicated that Better Access had improved the integration and co-ordination of care for consumers. They made comments like:

*"Definitely, yes, and it's the same thing, it's about the structure, it's about knowing what sort of therapy they're going to be given and I give them all that information in the first session. They know how many sessions they'll have, [and] they're keeping in regular contact with their GP which is really important. People who are a little bit hesitant to come to therapy and they need it they're getting the referral from the GP and the GP is the person who they really trust and they listen to what the GP says. So it's been very beneficial."*

*"... It's produced, I think, better coordinated care. I think doctors are more aware of psychological, you know, mental health as well as physical health ..."*

Other less commonly cited benefits were a reduced burden on public sector mental health services, early intervention and longer-term engagement with treatment (each mentioned by two clinical psychologists, or 5%).

### ***Perceived negative impacts for consumers***

Seventeen clinical psychologists (44%) perceived there to be no negative impacts of Better Access for consumers. Eighteen (46%) articulated some negative impacts, and these are listed in Table 45.

**Table 45: Perceived negative impacts for consumers (n=39)\***

	Freq	%
GP involvement	7	18%
Limited sessions	6	15%
Motivation for treatment	6	15%
Confidentiality	4	10%
Inappropriate service providers	2	5%

\* Multiple responses permitted

The most commonly cited negative impact, mentioned by seven clinical psychologists (18%) was the requirement that consumers be referred to the psychologist by a GP and reviewed by the GP to receive additional sessions beyond the first six (or 12). Responding clinical psychologists felt that this mandatory GP involvement delayed treatment, interrupted the therapeutic process and treatment and, in some cases, prevented access.

*"I think sometimes because it's difficult to get in to see GPs, you know, when clients have to go back for review, sometimes that they have to change their appointment because they haven't been able to get into the GP. I have had to send people back because they may have used their 12 sessions, and then they still may need to see you and still want to see you, the exceptional circumstances, the client having to go back and explain that, so I often have to write that in the letter to the GP as well."*

*"Only in that some GPs aren't always co-operative in doing a mental health care plan. They seem to see themselves as gatekeepers to the Medicare system. They're not always happy to do the review after six [sessions] or ... if in their opinion the patient doesn't need any further therapy, they can stand in the way of the patient getting psychological treatment. It doesn't happen often I must say but I have had that situation a few times."*

*"... I think for some clients they get annoyed that they have to go back and see their GP for a review. Part of that's about how difficult it is to get into see a GP. You have to book a couple of weeks in advance. In my area, yes, because it's a little area [with] not many GPs. Yes, I think some of them don't see the point initially but I guess once I explain to them what it's all about they go, 'Yes, all right, we'll do it.'"*

*"As I said before ... sometimes treatment can be disrupted, trying to get into doctors and keeping the whole thing flowing."*

Six clinical psychologists (15%) felt that six (or even 12 or 18) sessions was too restrictive. These psychologists felt that some consumers would benefit from more sessions and made comments like:

*"... When someone has significant issues and limited resources to cope and we run out of ... sessions ..."*

*"... Generally no, but ... for some people ... I think the way that Medicare is structured may not be helpful. [For example] people that have been sexually abused or experienced trauma and where there's been some clinical symptom to that and you know one of the worst things that you can do for these people is to build a relationship that then gets severed because there's trust issues and so that can be problematic. I guess that's one area that I would think is really important to monitor very closely and look at scrutinizing in the interest of the patient's needs."*

Six clinical psychologists (15%) commented that the Better Access initiative might impact negatively on consumers' motivation. Some mentioned that GPs sometimes referred consumers who were not likely to engage in treatment. Others were of the view that the access to free or low-cost mental health care might mean that consumers had insufficient investment in it to be motivated to follow through with therapy. These responses are exemplified by the comments below:

*"Well there has been instances where people have not shown up for appointments. They may have had two or three times when they haven't come and I've said, 'Well, you know ... there's no commitment to treatment so therefore I can't work with you.' In that instance, maybe it was negative."*

*"The expectation of something for nothing and not valuing it again."*

*"One or two clients have taken a lot of liberty with the fact that when I bulk-bill them they don't show up sometimes. They don't even phone to tell me they are not coming. They come late, and those clients then I have to tell them the fee involved when you cancel without telling us when you just don't turn up, and they are so annoyed and so surprised that you know I am telling them this, and I tell them Medicare does not pay your cancellation fee you'll have to pay it, and it's a very small one \$25 you know, and I hope that helps them to realise they are getting all this free and have some respect for the fact that this care is given to them free of charge."*

Four clinical psychologists (10%) were worried about confidentiality issues as they might relate to consumers. They commented that some consumers were hesitant about seeking mental health care because they did not want their GP or Medicare holding records that indicated they had done so. They felt that consumers might be particularly concerned that their Medicare history might be sighted by third parties. These sentiments are summarised in the comments below:

*"... I just have a duty of care to report certain things. There is still other sensitive information that the client wishes to keep confidential, but because it is related to the treatment ... I think that's the most sticky situation. For example, [the] client having an affair. I am not in the duty of care to report that to the GP but if it is impacting on the fact that they can't sleep at night or whatever obviously that's a cause of symptoms you can't communicate, those types of situations it makes it tricky."*

*"I think that some people are somewhat apprehensive about having Medicare have a record of them accessing psychological services. I've had people that are working in positions you know in the government or various organisations and they've been concerned [that] were this information to be known to their colleagues or superiors that it might adversely affect their career ..."*

*"The only negative impact that I can think of is ... [the] impact on people accessing or going into police employment or armed forces if they've had mental health care plans up. I am not really sure of that factor. That's my hesitation sometimes when I get children referred under mental health care plans, but I don't think clients themselves have said that that's a negative thing, that's my perception."*

Two clinical psychologists (5%) expressed concerns about consumers being referred to less experienced mental health professionals. By way of example, one said the following:

*"... The people in our service have all registered and keep their PD points and all those kind of things. I guess there's a risk that there could be dodgy people out there but that could occur in any system."*

## **Additional comments**

Clinical psychologists were given the opportunity to share any additional views they held about Better Access. Mostly, those who did so expanded on points they had made previously. Thirty five (90%) reiterated that Better Access was a positive initiative that was filling an important gap in mental health service delivery. They made statements like:

*"I am just am really appreciative that the government has realised how ... important psychological services are and that they are prepared to pay a rebate, and so I am just delighted that they do it ... I think it's generally a good system and we are very lucky to have it."*

*"I just think that it really is a great service. As I said, people who could not ordinarily afford to come are able to come for treatment. If it weren't for Medicare ... I would still be charging very reasonable fees and trying to work as quickly as possible with people so they could be helped. But as I said this is very good. And I think the doctors that I've been working with have been, they're very happy, they can see that with early intervention these people have been able to overcome a depression that perhaps ordinarily they might not have been able to or it would have taken much longer."*

Two clinical psychologists (5%) went on to say that they were concerned about the longevity of Better Access. They made the following comments:

*"I hope it continues to be supported. It provides communication with other providers not previously available. GPs are more able to refer with minimal costs. It is a good use of taxpayers' money."*

*"Look, I guess I'm concerned that there is some talk that the government is looking at cost cutting and this is an area that's being looked at. I know that people within psychology are concerned about that and I share that concern. I think that if the government were to take this away, I think that they'd be really putting the Australian public at a serious disadvantage in terms of their overall health care and I can see a political cycle with a three year election cycle that might be quite an expedient thing for them to do if they want to cut costs and they're not looking term at the overall mental health needs of the Australian community. So that's a worry that I have."*

A number of clinical psychologists (16, or 41%) suggested that there was scope for further expansion of the initiative. Specifically, they proposed that some of the existing criteria could be relaxed. The following comments illustrate these points:

*"... I guess what I am saying is ... if Medicare was going to review the number of sessions ... I would like to see an increase in the availability of number of sessions for chronic mental illnesses for clinical psychologists to treat. If truly Medicare wants us to treat chronic mental health issues such as bipolar disorder and schizophrenia and complex PTSD, then they need to make better provision for that and not lumber them in with everyone else, and maybe it could be restricted to clinical psychologists."*

*"One very, very important thing is why are we not allowed to have two sessions side by side? I have people who come from the south and they travel four hours sometimes to see me and they can't have a double session for example, and I think double sessions to begin with would be so helpful to so many people because I have to cut them in the middle, you know they are crying, I give them an extra five minutes but that doesn't help too much to wind down. If I had a double session it would be so much better. I could get*

*a lot accomplished especially for these country people who have to come from so far. They don't understand why - why doesn't Medicare allow a double session, at least with the first sessions. [It] doesn't make sense for my clients who travel all that way. That's the most important one."*

*"I would like it so that, for instance, if some of our clients during treatment are hospitalised [e.g., in a children's ward or a psychiatric ward], ... if we do a visit to them and go up to the ward we can't actually claim that, and often it's really important that we actually continue our care while they are in that facility ... I think that's just one little glitch. One of my colleagues – a patient [of hers] ... made a massive suicide attempt this week and the ward rang up saying, 'Can you come up?' and she could but she had to do all that for free. The other issue is some, for people with eating disorders, it's really hard to get full treatment ... and the same with complex [cases] where there is co-morbidity like personality problems ... It's really hard sometimes to fit treatment into 12 or 18 sessions ... It's fine if they turn up in the second half of the year because we can space out sessions and they can run on into the next year, but if they turn up at the beginning of the year we just can't manage them, get enough treatment sessions."*

Six clinical psychologists (15%) re-stated concerns with the Medicare rebate rates. They mentioned wanting to be paid for administrative tasks, wanting the schedule fee brought in line with the Australian Psychological Society's recommended rates, and wanting reassurance that the rebate would rise in line with the Consumer Price Index:

*"No, I mean I find the system pretty straightforward really. I mean, I guess if I was going to have a whinge I might say it would be nice if there was an item number for issuing reports because sometimes they can be substantial and there isn't, you know. In other third party payment arrangements like Workcover and TAC you do get paid for reports, but generally they're to the insurer rather than the doctor but, look, that's the only issue. I find the system very straightforward."*

*"There is a lot of paper work correspondence. [There's] no fee from Medicare for that time, whereas other professions get Medicare [payments for] them. The scheduled fee is well below what the APS recommends."*

*"The only thing is if you are charging people the full rate, the "gap" is still quite significant, so as a result I think a lot of people don't charge the full rate – full APS rates anyway, recommended rates ... [This] sometimes impacts on their income. Medicare, it's really useful and helpful having the Medicare rebate."*

*"One concern is whether the rates will keep increasing with time or whether they'll fall behind. There needs to be a consideration for item numbers for testing, that family therapy needs to be considered ..."*

Three clinical psychologists (8%) emphasised that they felt it would be appropriate for consumers to refer themselves directly for psychological care, rather than needing to seek a referral from their GP. They made comments like:

*"My preference would be that people could refer themselves. I can see the benefit with the GP because there may be people that may not even think of a psychologist but have come because it's been suggested by the GP, but once they see the value that they will continue but I am sure there is many people that probably if they could ring, know that they could ring a psychologist and go through Medicare they would probably come straight to you, and because in a regional area the GPs are very, very busy. Clients have to wait weeks to get in sometimes and it just, it might be just enough to make it difficult*

*for people to actually access it because you've got to go through the GP that extra step. I think can make a difference."*

## **Experiences of registered psychologists**

### ***Impact on consultations***

Registered psychologists were asked whether Better Access had had an impact on their consultations, and prompted to consider changes related to their overall caseload and the way in which they conducted their consultations. About two thirds (29, or 64%) reported that Better Access had had an impact on their consultations. For most, this translated into a change in the mix of consumers they were seeing. In particular, a number commented that they were now providing treatment for proportionally more consumers from low socio-economic backgrounds and young consumers. These psychologists made comments like:

*"I know that I've seen more people who would not have accessed psychological services at all before this became available, and I'm talking about people who are in the lower socio-economic group in the community. So people who might have possibly gone to community health centres for counselling or other services. So ... I'm seeing more of a spread within the community ... More young people [too]."*

Despite these observed changes in the make-up of their caseloads, the majority of registered psychologists (34, or 76%) indicated that Better Access had made no change to the absolute size of their caseload, usually because they were operating at their maximum capacity prior to the introduction of Better Access. However, eight psychologists (18%) indicated that their caseload had increased in size. Typically, these psychologists said that this was because Better Access had opened up private practice opportunities for them that had not been available to them in the past. They made comments like:

*"Absolutely ... I wasn't in private practice before Medicare came in ..."*

For many psychologists (21, or 47%), this improved access translated into a different way of providing care. They spoke about being able to provide more sessions of care to people on low incomes, rather than not being able to offer them anything or offering them a limited number of sessions and then referring them on to publicly-funded services. This enabled them to address consumers' issues in a more thorough manner. The following responses were typical of this group:

*"It's been extremely beneficial in being able to work with people with low incomes and people who also are having difficulty with depression or anxiety but probably would not have sought help without the Medicare rebate."*

*"The financial reality is that while in the past I have been able to see them for maybe two or three sessions and say 'Now I am sorry I am going to have to move you to the CASA [Centre Against Sexual Assault], but we've got a good grounding here and I will make sure they're briefed ...', whereas now I am able to complete their counselling with them over a period of somewhere between six and 12 sessions."*

*"Absolutely ... before Medicare came in ... they [financially disadvantaged consumers] ... could not even afford to pay the basic minimum of \$50 or \$60 that I was willing to charge to provide the service. These are women who are students who are single parents who are immigrants, who are working part time. Since Medicare came in there*

*has been an absolute 100% of a positive impact on my ability to provide the service to this particular clientele ..."*

Quite commonly, registered psychologists observed that Better Access had impacted on the way in which they conducted their consultations. Twelve (27%) noted that Better Access had contributed positive changes in their approach to providing therapy. They commented that Better Access provided a framework which they used to inform their practice, and that the reporting requirements made them more reflective and accountable. Typical responses included:

*"I probably work differently. More focused, shorter-term people come with a different expectation."*

*"It does give you a really neat way of managing your treatment and re-testing, pre-testing and post-testing. So I've found that the Medicare the Better Access program has actually informed my practice if you like as a psychologist as well. "*

*"I guess you're sort of conscious that you're working to the criteria so you know you can't drift off into something that they might want to do if it's not covered by the item."*

*"...having to do the mid term report ... for the GPs gets you to sit and reflect on the gaps, the issues that haven't been tackled yet."*

*"There's probably been more feedback to doctors which I think is really quite beneficial ... having the six week and the 12 week feedback that sheet that goes back to the doctor I think is very useful. I think they appreciate being kept in the loop too."*

*"I think even though the psychologists are sort of complaining and whinging that we don't get paid for reporting back to the GP, I think that actually helps that you have to do a bit of a treatment summary and clinical formulation every six sessions. Yeah I think you're reflecting on your work a lot more."*

Three psychologists (7%) indicated that Better Access had enhanced their capacity to provide care. They expressed this in different ways, sometimes reiterating the point made above that increased access afforded by Better Access meant that they take therapy further, and sometimes discussing the opportunities to intervene with consumers earlier. These different views are expressed in the comments below:

*"Yes because there's more in-depth stuff because, you know, you've got a few sessions to play with. We can definitely get into some heavy duty, more in-depth [therapy] ..."*

*"... It's really helpful, particularly because it allows for the ongoing sessions and that means that we can get to the point where we can actually, in the majority of cases, resolve their presenting issues because we've got a sufficient number of sessions and time in which to do that."*

*"It's actually enabled people to access [care] that wouldn't have been able to access [it] before, and access [it] earlier. So for some particular issue, such as a recent trauma or a grief or, you know, a recent relationship breakdown or something like that, it's actually enabled a session to happen fairly quickly ... [As a result] I have been able to provide containment and therapeutic work quickly which has potentially prevented issues."*

## **Communication with other mental health care providers**

Registered psychologists were asked how they found the process of communicating with other mental health professionals. In particular, they were asked to consider the two-way communication between themselves and GPs.

The vast majority of registered psychologists (39, or 87%) indicated that they found the referrals they received from GPs to be appropriate. Four (9%) reported a contrary view. These different opinions are exemplified by the responses below:

*“Appropriate, very appropriate.”*

*“99% appropriate. Yeah, I can't think of any off the top of my head that haven't been suitable, so yes.”*

*“Probably about 98% appropriate. Every once in a while ... one gets through where I think to myself, ‘Well, you know, it could be questionable as to whether or not the person fulfils the criteria for referral’, but I'd say about 98% ... somewhere around there.”*

*“Pretty good. Its' taken a while. It was a case of mutual learning and I've been at this surgery for almost four years now so I'd say over time we've taught each other what's appropriate and what isn't appropriate.”*

*“I've found them actually really fantastic for a private practice. It screens the people that come in so they're ready for counselling ... It gets people thinking about what the things that are concerning them are and what their goals will be and its kind of screened who is appropriate for counselling and who isn't, so I get people who are ready to start working on things ... Prior to Better Access, I would tend to have people who would have long phone calls before a counselling session. They weren't really ready for counselling, they [were] kind of more shopping.”*

*“Occasionally they're good. Usually they're absolutely irrelevant and pathetic.”*

Psychologists also commented on the adequacy of referral information they received from GPs via the mental health treatment plan. Just over half (24, or 53%) found this information to be inadequate, sometimes because it was too brief, sometimes because it included unnecessary detail, and sometimes because it lacked relevance. Seventeen psychologists (38%) found it adequate, at least in some cases, and some of these mentioned that it had improved over time. The range of views is indicated by the quotations below:

*“Unnecessary. There's a lot of information but it's really not necessary. I do my own assessments and so it's not really an issue, there isn't a lot in there that really needs to be provided.”*

*“Utterly useless.”*

*“Mostly it's very minimal. I mean some GPs give you a really good referral, but mostly it's sort of just a tick and flick that doesn't have a lot of information.”*

*“The GP referrals are usually very short, with not much information. Sometimes you don't even have a proper diagnosis done by the doctor. Sometimes they don't inform which medication the client is on.”*

*“The referral information for the most part is fairly basic, but by having the opportunity to have [the review to facilitate] the ongoing sessions, I can gather the information that’s needed to fill in the gaps.”*

*“It varies from very good to very bad. You get some doctors who will give you a very comprehensive mental health care plan and other doctors who will just send a letter with two lines on it saying, ‘Please see this person under a mental health care plan’, and so it varies between those two extremes.”*

*“It’s really quite good now. It’s improved enormously. Are Medicare being more strict with the doctors now about referral information? It’s actually pretty good now. I get ... much fuller information and they’re filling out the forms ... properly now. It used to be a bit scatty in the beginning. I don’t think anybody really knew what they had to do way back when it started.”*

Registered psychologists were also asked about how they provided information back to the GP during and after treatment. All but one (44, or 98%) indicated that they had fulfilled the reporting requirements of the Better Access Initiative by providing a report after the sixth or twelfth sessions if a review was required, and at the end of treatment. Many psychologists described additional, far more detailed communication with GPs as well. Some, like the psychologist quoted below, indicated that Better Access had improved their communication with GPs:

*“I think I’ve improved in my communication with GPs. I mean in the past before [Better Access], quite a number of my clients [were] also referred by my GP but it didn’t occur to me that I needed to communicate with them [the GP]. But now, because I’m required, [I] give progress reports, and I find it very helpful. And actually, I’ve found myself ringing the referring GP a lot more than before. We have good communication and good relationships.”*

### **Logistics of registering with and billing Medicare**

Registered psychologists were asked about their experiences of registering to provide services through Medicare. Forty psychologists (89%) spoke in positive terms. Typically they used phrases like the following:

*“No problems.”*

*“Fine, easy.”*

Registered psychologists were also asked to comment on the logistics of billing Medicare for their services. Again, many were positive. Twenty five (56%) indicated that they had experienced no problems, or minor teething problems that they had since resolved. However, nine (20%) commented on a range of issues, including getting information from Medicare, the requirement that referring GPs submit their paperwork before psychologists can claim, and the user-unfriendliness of the forms. The following comments exemplify this range of experiences:

*“I use both systems. I did use bulk-billing – you know, sign the slip – and I found that easy as well. We’d just send the forms away and Medicare would deposit money in the account very easily. I have no problems with payment from Medicare at all.”*

*“After you learn how to do it, it is okay.”*

*"I find bulk-billing quite difficult from time to time. I find the bulk-billing forms that you have to fill in quite time consuming, and you have to get someone else to witness the other one, the form that goes with the bulk billing voucher. I find it very difficult unless you're using EFTPOS machines. They're a little bit easier."*

*"It's been very difficult to get information back from Medicare regarding payee advice – whether or not they've paid the client."*

*"[It's like] a black hole. A lot goes in and nothing comes out. And it's not the staff because I've found the staff have been excellent."*

*"The only real thing is if the doctor doesn't lodge their item number in a timely manner. I've just had a case in the last month where I was working with a teenage girl who had attempted suicide and her doctor's accountant apparently went on leave so they didn't lodge their paperwork and the family couldn't access their rebates so it was causing a huge showdown."*

*"A nightmare. There's no other word. The people on the phones I find are magic, they're really nice people. Once in a while you get a difficult person but they seem to know as little as I know at times, and counting the sessions and how many sessions people have [had] and sometimes like for instance a doctor will change a practice and refer the client through a different practice and because that provider number has changed, Medicare will reject your claim but won't tell you that's why they're rejecting your claim."*

*"Basically what we do now before submitting stuff we ring up and check for each client whether it's authorised."*

## **Charging policies**

Registered psychologists were asked about their charging policies and reported a range of different, standard practices. Eleven (24%) indicated that they bulk-billed all consumers, 20 (44%) noted that they bulk-billed particular consumers (e.g., those on low incomes, young people), and 11 (24%) said that they rarely or never bulk-billed. Irrespective of their bulk-billing practices, some (17, or 38%) used a sliding scale which favoured people on low incomes.

Taken together, the reports of registered psychologists' varied charging policies suggest that only a minority of these psychologists were charging low income earners much above the schedule fee. Psychologists' concern that financially disadvantaged consumers should have equal access to psychological care often underpinned their decisions. This notion is illustrated in the following quotations:

*"For some clients who are pensioners or have a health care card I only bulk bill and for people who are in employment I charge \$100 and so there's a gap that's probably \$20."*

*"...my basic principle has been if someone is on Centrelink benefits (e.g., unemployed) or [has] retired, no matter how well off they are, I will do a Medicare rebate. Other than that ... I've got a bit of a sliding schedule from sort of \$100 to \$140 depending on how well off people are."*

## **Positive impacts for registered psychologists**

Registered psychologists were asked about whether being able to provide psychological services via Better Access had had any positive impacts for them as practitioners. Forty one registered

psychologists (91%) reported having experienced positive impacts, and these are summarised in Table 46. Many of these impacts overlapped.

**Table 46: Positive impacts for registered psychologists (n=45)\***

	Freq	%
Enhanced viability of private practice	23	51%
Increased capacity to meet consumer need	18	40%
Opportunities for better co-ordination with other mental health care providers	13	29%
Promotion of understanding of mental health issues	9	20%
Increased sense of satisfaction with work	7	16%
Increased capacity to provide services to people with low income	6	13%

\* Multiple responses permitted

The most commonly reported positive impact was the enhanced viability of private practice. This was mentioned by 23 registered psychologists (51%). Sometimes they referred to this in an altruistic way, making comments about it being a means by which they could better serve the community. On other occasions they talked about it in terms of financial benefits. These different responses are exemplified by the comments below:

*“I don't like the charging part of the business and that's my own sort of difficulty I suppose. I find it a bit hard ... I know it's a profession, I know we have to charge but I'm not that, that's not the part of the work that I prefer. So to have Medicare fund all or most of the fee I personally find really freeing ... it frees me up. It frees me up to sort of focus more on the provision of psychological services if you like rather than being a business person.”*

*“I suppose a stable income stream...”*

Another frequently cited benefit was the increased capacity to meet consumers' needs, mentioned by 18 registered psychologists (40%). Some (6, or 13%) specifically commented on the fact that they were now in a better position to provide services to people on low incomes. These psychologists commented that they found this gratifying in a professional sense. Typical responses included:

*“... that sense of ongoing care, availability for ongoing care is just a lifesaver for some people who struggle very hard.”*

*“... people who couldn't afford it before are now able to access it and it's just wonderful.”*

*“I work in lower economic areas and I do that by choice. ... People just couldn't afford to pay and I couldn't afford to make a living being a psychologist without it so that's pretty positive.”*

Registered psychologists were also positive about the improved linkages between themselves and other mental health care providers. Thirteen, or 28%, explicitly mentioned this. Some discussed the fact that this had led to system improvements that were better for consumers, and others talked about the fact that it made their work easier because consumers had been screened and were ready for therapy. Examples of both sorts of response are provided below:

*“One positive impact is ongoing contact with local GPs. That's been a good thing because you can work together for the welfare of their patient and my client.”*

*“A positive impact for me is I think the clients that come through are ready for counselling [and] have been screened appropriately. They also have the back up care of their GP.”*

Nine registered psychologists (20%) felt that Better Access had led to improved mental health literacy in the community. They discussed the fact that this was not only a positive development for people with mental health problems, in that it reduced the stigma surrounding mental illness. They also mentioned that this had flow-on benefits for them because it implicitly gave mental health care more prominence. One psychologist, for example, said:

*“I think it gives weight to mental health being just as big a concern to others as any physical kind of problem.”*

For many registered psychologists, a sense of increased professional satisfaction was implicit in the kind of comments made above. Seven (16%), however, explicitly talked about improvements in their levels of professional satisfaction. They made comments like:

*“Mostly I deal with real significant issues and I can make a major difference. And you know, one likes a challenge.”*

*“For me as a provider it has had great impacts because I feel that I'm getting to be able to service people who are really in need, people in the community who are on health care cards or who would not be serviced by my service. So for me that has been really quite rewarding and what I had hoped the system would do. It has been able to do that.”*

*“... you're getting the message from the community that you're valued as a mental health care provider so it makes a big difference in your professional self esteem I suppose.”*

### **Negative impacts for registered psychologists**

Registered psychologists were invited to reflect upon whether Better Access had had any negative impacts for them. Over half (24, or 53%) said that they could not think of any negative impacts. Those who could cited a range of impacts, often noting that these were outweighed by the advantages described above. The cited negative impacts are summarised in Table 47.

**Table 47: Negative impacts for registered psychologists (n=45)\***

	Freq	%
Increased demands on providers	10	22%
Challenges of keeping consumers engaged in treatment	9	20%
Increase in paperwork and administrative burdens	8	18%
Difficulties ensuring financial viability of practice	8	18%
Discontent/criticism related to lower rebate amounts registered psychologists as compared to clinical psychologists	5	11%
Issues with different stakeholders	4	9%
Issues relating to confidentiality	2	4%

\* Multiple responses permitted

A number of registered psychologists made comments about the increased demands made on them by Better Access. Some (ten, or 22%) talked about this in general terms, and others (eight, or 18%) talked about increases in their administrative load. Examples of these general and specific comments are provided below:

*“I've had to close my books for about 3 months because I was just overloaded ...”*

*"I definitely feel under the pump a lot more with the written work. You know, supposed days off are not days off."*

Nine registered psychologists (20%) made reference to the difficulties and challenges of keeping consumers engaged in treatment. In particular, they talked about consumers missing appointment times, consumers' expectations of and investment in treatment, and their ability to provide care within the criteria laid out under Better Access. They made comments like:

*"Medicare clients as distinct from other clients have tended to have a higher no show rate."*

*"Possibly a negative impact I would say because I'm seeing more people who are on health care cards and who lead chaotic lives, and if they're bulk billed then there's possibly not a sense of investment in this process for them and so I'm probably having more no shows or cancellations from that group of clients so that has an impact on my business."*

*"Sometimes people's expectations are that things should perhaps get better a little bit more quickly than they can."*

*"...there's always the challenge of trying to fit what the client needs with the requirements of whatever program you're using, the number of sessions and the requirements of it but it's not particularly different."*

*"... needing to terminate early with a client because the session numbers have run out."*

*"I particularly like to do relationship work and that's not covered with the Medicare rebate. I think that relationship stress impacts on depression, anxiety, anger, grief, you know, and just general stress. So I think that if relationship and family work was put in there, that it was more recognised and supported, then that would be beneficial for the patients to be able to access it for that."*

Eight psychologists (18%) talked about difficulties they were experiencing with ensuring the financial viability of their practices. In this context, some (five, 11%) mentioned the higher rebate for their clinical psychologists colleagues. They made statements like:

*"I'd like to get paid twice as much."*

*"As I said, I'm the best therapist in the area but on the lower rank of Medicare ... I think it's unjust."*

*"Well one of them is the difference between psychologists, the clinical versus the generalist. That's definitely a negative, a big time negative."*

*"It's been a negative impact in terms of a sense of a split in the discipline ... You know, an in-group/out-group sort of feel about things."*

Four registered psychologists (9%) spoke of negative impacts from a system that involves various stakeholders in organising and delivering care for a given consumer. More specifically, they questioned the value of having referrals come through GPs. They made statements like:

*"If a client rings me from the phone book or, you know, word of mouth, I'll have to direct them back to a GP in order for them to be able to get a GP mental health care plan. So*

*that's probably the only negative, [but] that does happen fairly regularly ... And that sometimes is a negative for them because they may not want to go and talk to their GP."*

Finally, two registered psychologists (4%), raised issues about confidentiality. Specifically, they discussed the fact that they did not always think it was appropriate to share confidential information that the consumer may have provided in confidence with his or her GP. One put it this way:

*"... under the Medicare scheme it's very important that there is some information that will need to be shared back with your doctor, so just making sure that you cover that confidentiality issue."*

### **Perceived positive impacts for consumers**

Forty three registered psychologists (96%) felt that their being able to provide services through Better Access had positive impacts for consumers. Table 48 summarises the nature of these perceived benefits.

**Table 48: Perceived positive impacts for consumers (n=45)\***

	Freq	%
Generalised benefits for consumers	28	62%
Reduces financial strain in seeking treatment	24	53%
Promotes longer-term engagement with treatment	8	18%
Offers choice to consumers	5	11%
Promotes improved co-ordination/co-operation between service providers	4	8%
Reduces reliance on public sector mental health services	1	2%
Promotes opportunities for early intervention/preventive treatment	1	2%
Provides improved access to mental health services in rural/remote areas	1	2%

\* Multiple responses permitted

Most commonly, registered psychologists talked about non-specific benefits for consumers, making global statements about increases in availability and accessibility, improvements in mental health literacy and decreases in stigma. Twenty eight psychologists (62%) used this sort of phrasing:

*"It's made counselling available to people who would not have come."*

*"Availability, access to counselling is the major benefit."*

*"Most of my clients they wouldn't have this awareness that they need to see a psychologist or they wouldn't have the resources to see a psychologist before so I am encouraged that so many clients now have this awareness to seek psychological support and they really benefit from it."*

*"It's opened up more discussion between GPs and patients [about psychology as a therapeutic option]."*

*"It's also made accessing psychology okay whereas before that it had quite a stigma."*

*"It's almost like being referred through the GP gives it a stamp of approval."*

Over half of the registered psychologists (24, or 53%) made a specific reference to the fact that Better Access had reduced financial barriers to seeking mental health care for people on low incomes. The following comment typifies their responses:

*“Treatment is now affordable for the large majority of people.”*

Eight registered psychologists (18%) held the view that Better Access had resulted in consumers engaging more effectively with treatment which had, in turn, improved therapeutic outcomes. They made comments like:

*“In the past when people had to fund counselling themselves they came [for] a minimum [number of sessions] - sometimes one or two times – purely because of the cost ... Therefore treatment was quite, well, it wasn't as effective. Now, because people are funded for at least six sessions, most people are choosing to come four to six times ... and so therefore the treatment program is a lot more effective and you can see the difference in what you are doing, and the difference it makes in someone's life.”*

Five registered psychologists (11%) felt that Better Access had offered consumers a choice of different therapeutic approaches, or, more specifically, an alternative or adjunct to pharmacotherapy. These psychologists offered insights like:

*“Some of my clients can review their medication or even wean out their medication after seeing me which is great.”*

Four registered psychologists (8%) felt that Better Access had made a difference for consumers by increasing co-ordination and co-operation between providers. They made comments like:

*“I think clients have felt maybe a degree of reassurance from knowing that there is a health professional working with their GP.”*

Less commonly, psychologists commented on reductions in the reliance on public sector mental health services, the creation of opportunities for early intervention, and improvements in access to mental health care in rural and remote areas. One psychologist (2%) commented on each of these as a perceived benefit.

### ***Perceived negative impacts for consumers***

Almost two thirds of the registered psychologists (28, or 62%) felt that Better Access had no negative impacts for consumers. Fifteen (33%) cited some negative impacts, sometimes reiterating points they had made about negative impacts for themselves. Table 49 shows the key themes that emerged when these responses were analysed.

**Table 49: Perceived negative impacts for consumers (n=45)\***

	Freq	%
Difficulties around the referral or review system	9	20%
Issues associated with confidentiality	7	16%
Not enough sessions	7	16%
Clients not understanding aims of the initiative, not motivated or not seeking change	4	9%
Cost barriers, cost for further treatment after allocated sessions have expired	1	2%

\* Multiple responses permitted

Most commonly, registered psychologists discussed the fact that, from their point of view, having the GP act as a “gatekeeper” was unnecessarily cumbersome for consumers. Nine (20%) mentioned this, noting that there were situations where the GP did not agree that the consumer required mental health care, and circumstances where it was inconvenient for the consumer to return to the GP for a review. Typical responses are provided below:

*“...where clients have been declined by their GP but that's only happened a handful of times.”*

*“Sometimes the GPs aren't interested.”*

*“If the client doesn't want to go back to see the GP for some reason. You know, like if they don't get on with their GP particularly, or they find that their GP is a little bit critical or not aware of their mental health condition or thinks perhaps in that amazingly old-fashioned way that they should just get over it, there could be some negativity there.”*

*“The fact that they have to go back and see a GP to be reviewed its inconvenient for them and a lot of people have busy lives, they work, they have a range of commitments, having to go back and see people all the time is just an added burden for them.”*

Seven registered psychologists (16%) suggested that some consumers were concerned about confidentiality. In particular, they mentioned that consumers were sometimes loath to seek care through Better Access because they thought that having a record of having sought mental health care could have negative repercussions for them. In a similar vein, they suggested that some consumers were “put off” by the fact that confidential information about their mental health might be shared with their GP. The following comments were typical:

*“[Some consumers] were hesitant about the possible medical records ...”*

*“Maybe the exchange of confidential information.”*

Seven registered psychologists (16%) viewed the restrictions on the number of sessions of care available through Better Access as a disadvantage for consumers. They made comments like:

*“I don't think six sessions is enough.”*

*“I think sometimes there's a sense of needing to terminate too early so that the therapy is based on session numbers, not necessarily on therapy goals.”*

Another perceived negative impact for consumers, mentioned by four registered psychologists (9%), was that not all understood what was being offered by Better Access and/or that some were not motivated to change. They made comments like:

*“...they will say things to me like, ‘Why I do need to come in and talk when I [just] need more medication?’”*

Finally, cost was mentioned as a potential negative impact for consumers by one registered psychologist (2%). This psychologist spoke about the residual costs for consumers over and above the rebate.

## ***Additional comments***

Registered psychologists were given the opportunity to offer any additional observations about Better Access. Those who did tended to reiterate issues that they had already raised, rather than introduce new ones.

Most commonly, registered psychologists commented on the “rules” of Better Access service delivery, arguing that they were too restrictive. They mentioned session numbers, session lengths and the range of eligible disorders and therapeutic approaches. Their comments included the following:

*“About half of what I do is with kids and the number of consultations and the payments and all that kind of stuff are the same for kids and for adults.”*

*“Well I'd like to see the item numbers include chronic pain and I'd like to see it opened more to a multi-disciplinary approach.”*

*“I rarely have a brief appointment because I don't find them very effective.”*

Thirteen registered psychologists (29%) referred to the fact that the rebates for their services were lower than those for clinical psychologists. They said things like:

*“The two tier Medicare refund, it doesn't work for the community.”*

*“I think we should all just get paid the same.”*

Four registered psychologists (9%) reiterated their concerns about the need for the referral and review roles of the GP. They made comments like:

*“GPs are completely unskilled in this field so it doesn't make sense for them to be the gatekeeper.”*

*“Look, I think there's a big question about the GPs having to be the gatekeepers. I think that could be refined.”*

Despite wanting to make the above points, many participating psychologists specifically elected to end on a positive note. Many reinforced the benefits of Better Access for consumers (seven, 16%) and/or made an appeal for its continuation (five, 11%). Their views are summarised in the comment below:

*“I think it's been a fantastic thing.”*

## **Experiences of GPs**

### ***Impact on consultations***

GPs were asked whether Better Access had had an impact on their consultations. One third (ten, or 31%) indicated that their caseload had increased; and another third (11, or 34%) said that it had remained the same. The former group commented that the increase in their caseload was directly accounted for by people with mental health problems, and the latter group noted that they already saw significant numbers of people who presented with these sorts of issues but that Better Access provided additional opportunities for treatment. Examples of both sorts of comments are provided below:

*"I'd say it probably would have increased things. It's a little bit difficult for me because I had a break from practice, but compared with how I was before I went off to have my last baby, I'm certainly doing more of them, more of those item numbers in the past year."*

*"It's increased the number of patients that we look after for mental health reasons. And I think it's raised our awareness. It's led to a greater awareness of mental health problems and how they impact on patients."*

*"I probably see the same proportion of patients. I've had a very fixed number of patients for the last five years because my books have been closed all of that time. So I've had a steady cohort of patients, but there just seems to be a high incidence of mental health in that. But that keeps recurring, so I don't think it's changed how hard I have to work. It just means they get treatment they wouldn't have got before."*

The vast majority of GPs (27, or 84%) indicated that Better Access had led to some kind of change in the way they conducted their consultations. Mostly, they reported that Better Access enabled them to refer consumers to allied health professionals, which made psychological care accessible for those who might previously have been unable to afford it. They made comments like:

*"... it's certainly opened up a lot more avenues for people who need psychological help. [It] probably means I have to do less counselling myself, so I suppose it has, yes."*

*"Well it's meant that I have been able to refer people for appropriate counselling, people have been prepared to come back for follow-up visits, and I have bulk billed everybody through that system, so it's basically opened the doors to make access to mental health care more accessible I guess. ... In the past I have had people desperately needing counselling and the most they could afford was to see a Lifeline counsellor who had done a six week counselling course for a gold coin donation, you know, that sort of stuff, which was really quite discouraging, but that's the best they could do, if that. So it's been great for the people who financially have really needed it – and I guess for other people – but certainly from a financial point of view for people it's been great."*

Nine GPs (28%) reported that Better Access had contributed to positive changes in their approach to treatment. They noted that the structure of the item numbers provided them with guidance that was helpful and increased their efficiency, and led to their providing better care and achieving better outcomes. The following responses exemplify these notions:

*"... because there are certain requirements for the item number that I have followed ... perhaps it's ensured those things. ... I spent as much time with them before all of that, but perhaps it is good to formally have those guidelines and do those psych tools. I think the psych tools and the management plan are the differences, doing it formally."*

*"What it has done is it's given more structure to the care of people with mental health problems, which essentially I sort of didn't really appreciate initially, but as I started to use mental health care plans and I found it extremely useful to have worked out a set of goals and a plan with people and I think they appreciate it too because I think with this sort of work it can be very nebulous and directionless sometimes. And I think having a set of clear goals that you're working towards, and then checking you can go through that list with people ... I think it keeps up the direction and the momentum and I think it improves outcomes."*

*“I think it makes it more okay to deal with mental health issues because the pathway for treatment is more clear. So instead of not necessarily being able to do anything with it – I would do treatment within my practice [but] it was more frustrating because the pathways weren't so clear – this way, it's much easier to make good referrals and good follow-ups and get good outcomes so it's ... been a very good process.”*

*“With the introduction of the Medicare item numbers, I then adopted the very structured mental health assessment and plan from that, that I go through with each patient and that's been very, very valuable because there are individual questions in that, that sometimes weren't covered in a more informal assessment, as I used to do them. Especially alcohol consumption. I certainly have detected a lot more problems with alcohol abuse, especially in women with depression and anxiety. I don't think it's made a lot of other changes.”*

Eight GPs (25%) reported that Better Access increased their consultation time with consumers. In the main, they viewed this in a positive light, noting that the time allocated to mental health-specific consultations by Better Access encouraged them to thoroughly address consumers' concerns and enabled them to refer on more appropriately. Some noted that this meant that they were adequately reimbursed for providing mental health care. However, two GPs (6%) noted that the corollary of this increased consultation time was increased paperwork. These views are summarised in the following comments:

*“[It] can allow me a little bit more time to spend purely on psychological matters which in fact constitute quite a large bulk of the consultations that I have.”*

*“I think the consultations have been lengthened and we've put specific time aside for those consultations for those mental health patients, we've allocated more time.”*

*“Not really just that I'm better financially paid for what I do and as I say it makes it easier to find a referral point.”*

*“Doesn't change anything with the management or how we consult with the patient, probably the timing yes. It took a long time doing the paperwork.”*

Two GPs (6%) felt that some of the work that they were doing in their consultations overlapped with the work the psychologist was doing, and that the psychologist was better suited to do the work. One of these commented:

*“The other thing is that I find it difficult, and very often inappropriate, to administer a K10 ... you know, the fact that it's sort of regarded as my job to do that, rather than the psychologist's. Sometimes I find that quite intrusive in a general consultation.”*

## **Communication with other mental health care providers**

GPs were asked about their experiences with communicating with other providers in the course of providing Better Access care. In the main, they discussed their communication with psychologists. Over half (17, or 53%) reported that their communication with psychologists was good, and some of these noted that Better Access had improved this communication. Fourteen (44%) reported that this improved communication had resulted in better collaboration between themselves and psychologists. The following comments exemplify these responses:

*“Wonderful, excellent, really good really worthwhile. It's actually opened up the communication channels really well having the referral system in place and the feedback from them ... Previously I'd refer people privately without Medicare*

*(obviously) and I'd never hear from them again – well, I wouldn't often have any feedback from the psychologists and that. Not like they have to provide now, which is good.”*

*“Very good. Appropriate, good in this area with most psychologists.”*

*“Fine, yes, usually done, in fact almost exclusively done via written correspondence and occasionally by phone if – and that goes both ways, so sometimes they ring me and sometimes I'll ring them – if there's specific things I either don't want to put in a referral, or if something comes up during treatment. It's probably more often that they would ring me, but yes, certainly there's been times, you know, it's not infrequent that I would contact one of them part way through treatment and say 'this issue has come up can you assist with this.'”*

*“It has definitely facilitated collaborative care ... When you do a referral under that, you expect to get stuff back and you nearly always do and so therefore, you know, you're able to include those suggestions into the care plan and modify it and through the use of outcome measures, and it's a much more structured way of providing mental health care. The consent of part of the care plan is also very good to have that documented to know that if you are concerned you can ring the allied health provider and they do the same thing. And you've got the patient's consent to do that so that sort of secures it medico legally.”*

Seven GPs (22%) indicated that their communication with the psychologist was variable and/or insufficient. Some (four, or 13%) attributed this to a lack of time on the part of both parties, and indicated that this had always been the case. Others (two, or 6%) felt that there were some specific aspects of Better Access that led to communication difficulties, notably confusion regarding the Medicare item numbers. Typical comments from these GPs included:

*“Varied. I think there are a good proportion of psychologists who are excellent and have been fabulous in communicating either [in] written [form] or by phone and in those cases I find it a terrific process. It's been terrific to get really detailed helpful feedback and when it happens it's terrific and there are of course a proportion of people that don't write back as well, and that's frustrating but in the cases where it happens it's excellent, really very, very useful ... most of the time, I would say.”*

*“Great generally, but I find that sometimes letters [from the psychologist] are overly brief ... and really don't add anything to my understanding of the patient or the treatment plan, and sometimes they're excellent ... The most useful thing for me is when I speak by phone to them and get their assessment. That's hard [and] takes more time of course but I find that the best way to communicate.”*

*“Not very often, as the other clinicians were very booked as well. Also trying to coordinate appropriate times to discuss patient care was difficult.”*

*“So I think it's a bit confusing, like some psychologists don't seem to send the patients back for review, but still keep claiming the sessions. There ... seems to be uncertainty about ... whether Medicare [will] pay if your item number doesn't appear. I'm not sure about that, I thought that they don't get the extra six [or] the patient ends up not getting the money back. Well, yeah, I'm not sure about that ... Maybe some just get through, but my impression was [it was] more like an auditing issue where... if the review hasn't been done, then the psychologist could be in trouble. But as to whether they actually pay or not, I got the impression they still paid, but I can't remember a patient that came back, who's ever come back and said 'I couldn't' or anyone's ever*

*claimed not getting paid, simply because a review hadn't been done after six sessions. So that's an area that could be clarified."*

## **Logistics of registering with and billing Medicare**

The majority of GPs (19, or 59%) said that they did not experience any difficulties registering with Medicare. They described the process in positive ways, using phrases like:

*"No problem at all."*

*"Straightforward after completing relevant training and many ... had a practice manager assist them with registering."*

A smaller number (six, or 19%) reported some difficulties, mostly related to having to undergo specialist training or that their previous training had occurred too long ago or was not recognised. This group made statements like:

*"I had the limited experience in psychiatry. Mental health training came here and [I] did some courses and got myself registered, when this thing came in ... They didn't register my previous ones so I had to go back and do other things for the practice purposes ... They said, 'That's not done, you have to do something new', and then I had to sit and do a different one which I had done already. I found that funny."*

Most GPs found the process of billing Medicare relatively easy. Twenty two (69%) reported having no problems with billing Medicare, finding the process straightforward and streamlined. The following comments are typical of their responses:

*"Quite straightforward. I don't think I have had any particular hassles. Once you get your head around the item numbers, they are quite straightforward."*

*"I haven't found a problem with it. It's been pretty easy. Obviously we are only really using three item numbers – 2710, 2712 and 2713 – for the assessments, the plan and the review of the mental health plan."*

A smaller number (seven, or 22%) experienced some difficulties, mostly to do with recommending additional sessions following a review, knowing when to use the item numbers (particularly if consumers presented with physical comorbidities as well as the mental health problem), and ensuring that they were adhering to the conditions of use of the item numbers. The following quotations illustrate this range of difficulties:

*"...Logistically it has worked. I guess sometimes there are a few quibbles about when you're doing your reviews and whether you have a big enough gap between them and ensuring that people who have had extenuating circumstances [receive extra sessions]. Where they need more than 12 sessions, and you're trying to get them the 18 sessions, sometimes that takes a bit more persistence, but I think as a practice for us, we've kind of worked out how to do that so that we don't get rejected, we've worked around it but it hasn't been completely straightforward."*

*"Mostly no problems now. Our receptionists do it and it's mainly 2710s 2712s and 2713s ... Sometimes we are getting them [the 2713s] queried and coming back and each different person in Medicare on the hotline would have a different interpretation of them. I think now I understand their criteria better and it's less of a problem but a lot of them were getting rejected early on and I wasn't understanding that you could*

*put something on them to say could they have an extra six sessions because of x, y or z. [It's] generally okay but a bit of an extra encumbrance."*

*"Very hard ... Patients hardly ever come here with just a mental health ... often they've got some other thing and it's just at the last minute the [mental health problem is mentioned] ... Often you will find that in the consultation you are dealing not just with a mental health problem but with other issues, so it becomes hard to know now whether to bill it as a mental health thing ... Initially it was a problem [because] I wasn't sure whether to bill it to Medicare as a long consult or to bill it as a mental health thing ..."*

*"... [The] only issue has been people have turned up who've already had a 2710 done elsewhere and perhaps [I] wasn't completely aware of that. How does that affect you if that's happened? Because I think it's just been a bit confusing if it's already been claimed and they've come in ... It's just when people are not sure how the process, or it hasn't been explained to them how the mental health care plan works. Does that mean you don't get paid? ... In a situation like that I am usually referring them to my choice of ... psychologist who hasn't been who they've been attending so I don't have a copy of the original plan so it's a little bit awkward ... I sort of do my own letter, I claim as 2713 for the consultation but then I need them, well they need to remember how many sessions they've already used up, and it just means it's hard when you are come in as an extra to try and regroup and carry on with someone new, but that's the only issue."*

## **Charging policies**

The majority of GPs (22, or 69%) indicated that they bulk-billed all mental health item numbers. Some did this in the context of bulk-billing all consumers, others because they found that many of the consumers who required mental health care were disadvantaged, and others because they thought the schedule fee was sufficiently generous. These GPs made comments like:

*"... We're a practice that bulk bills anybody on healthcare cards, or low incomes and privately bills other people generally, and with the mental health item numbers – particularly the mental health care plans – I mostly bulk bill everybody because I think they are reasonably generous, they're rebated and patients [and] I find that quite satisfactory."*

*"We have just decided that all mental health item numbers are being bulk billed. So basically 2713, 2710 and 2712 in our practice are being bulk billed, even though we are not only a bulk billing practice. Mostly we are feeling that patients are usually ... quite needy financially as well, and I don't want to add to their stress."*

*"Bulk billing for those patients that are on the programme."*

Eight GPs (25%) indicated that they bulk-billed some consumers but not others. They said that the decision was based on whether the given consumer was a low income earner and/or on a pension or held a health care card. Standard responses from this group included:

*"The 2713 is negotiated with the practice ... We make a decision about bulk billing on people's health care cards, so people with health care cards get bulk billed for everything or children, anyone who gets the bulk billing incentive, otherwise we can do it privately. But, having said that, where I work, 80% of them are on health care, so we're largely a bulk billing practice."*

*"I have my personal charging policy that I apply to all of my consultations and that is that anybody who is on a health care card, or any form of government benefit, is bulk-*

billed. Others usually will pay the gap. I waive that with individual discretion. Anyone under 16 is automatically bulk-billed.”

“I have quite a sophisticated billing system which I across the board because I have a system of voluntary patient registration, which has a fee associated with it. Then, when people do register with my practice, they will get a discounted billing rate and if they have a concession card, then they do get bulk billed and that's for all services, not just for particular item numbers, so it's fairly complicated.”

### Positive impacts for GPs

GPs were asked whether Better Access had positive impacts for them, and 26 (96%) indicated that they had. Table 50 summarises the kinds of impacts that these GPs mentioned.

**Table 50: Positive impacts for GPs (n=32)\***

	Freq	%
Reducing work demands for GPs	12	38%
Improved access for consumers	11	34%
Financial benefits for GPs	10	31%
Affordable care	5	16%
Improved integration	3	9%
Clear pathways	3	9%

\* Multiple responses permitted

The most commonly reported positive impact, mentioned by 12 GPs (38%), was the reduction of demand on them to provide psychological therapies or address the mental health concerns of their patients on their own. They often commented that psychologists had more specialist training in this area, and were therefore better placed to provide this sort of care. These GPs gave responses like:

*“For me, it's taken away a lot of that need for just seeing people ... for ... sort of supportive counselling ... to try and help them through some of their concerns. So it freed me up from doing that and I think that gives them a better chance as well.”*

*“I don't have to counsel all the patients which I've [have] had [to do] before because they couldn't afford to go to a psychologist. At one stage, I was going to take a CBT course just to help the patients through and when this came in then I thought, ‘Why bother because they do their job and I do my job.’ [It's] easy [because] they have it on Medicare so the patient doesn't need to pay out-of-pocket ... and the patient comes back with positive outcomes. Multiple things, it's good.”*

*“I do less counselling myself so it takes a bit of stress off there and I've been able to see positive results in my patients, which [has] made me happy.”*

A number of GPs mentioned positive impacts for consumers, noting that these had flow-on benefits for them as providers. Improved access and increased affordability for consumers were mentioned by eleven (34%) and five (16%), respectively, in the context of their improving professional satisfaction for GPs. These GPs made statements like:

*“It's very much easier to access therapy for patients now and I guess that means we do a lot less ringing around, trying to find a suitable therapist or psychiatrist. It makes my life incredibly easy compared with prior to the access to psychologists.”*

*“It's very satisfying to be able to get someone in for psychological services who previously wouldn't have been able to afford. That's the main one.”*

Around one third of GPs (ten, or 31%) commented on the financial benefits of Better Access. They talked about being able to take longer with consumers with mental health problems, and being adequately reimbursed for their time. The following responses were typical:

*“I tend to only really use [the] 2713 number myself apart from the 2710 and 2712 on referral, so I don't do a lot of the direct ongoing psychological practice, but using the 2713 number does allow me a little bit more time and [to] be reasonably remunerated for my time.”*

*“I feel less guilty when I spend more time with a patient that has mental health problems. It's good that I am getting paid for it and reimbursed for my time and energy.”*

Other less frequently mentioned positive impacts were improved integration/co-ordination of care (mentioned by three, or 9%) and clear pathways for referrals (also mentioned by three). Both were seen as system-level improvements that made the GP's role in the provision of mental health care more streamlined and collaborative.

### **Negative impacts for GPs**

GPs were also asked whether Better Access had negative impacts for them. Eleven GPs (34%) explicitly said that the scheme had no negative impacts for them. A further 21 (66%) mentioned some negative impacts, but usually indicated that these were quite minor. Often they regarded these impacts as small inconveniences, and noted that the overall benefits far outweighed these. Table 51 summarises the negative impacts that were mentioned by GPs.

**Table 51: Negative impacts for GPs (n=32)\***

	Freq	%
Increased paperwork	9	28
Increased demands	8	25
Lack of understanding by consumers	6	19
Misuse of the Better Access Item	1	3

\* Multiple responses permitted

The most commonly cited negative impact, mentioned by nine GPs (28%) was the increased paperwork associated with the initiative. These GPs made statements like:

*“Look, the only negative impact really I can think of would be the administrative burden to ourselves preparing the formal mental health plan, and I understand why that's been instituted – to make sure that referrals are reasonably detailed. I actually don't find the mental health plan a substitute for a decent referral letter, so I find myself duplicating, because I write the mental health plan and then I write a detailed referral letter as well, which has duplicated information in it, and I personally think that the referral letter could probably give more efficient information, instead of just a narrative of the problem.”*

*“I don't think there have been any negative impacts. Perhaps a little bit more paperwork, that's about all I can say. But being able to refer to psychologists is wonderful.”*

Increased work demands were mentioned as a disadvantage by eight GPs (25%). These GPs made comments about time pressures and emotional demands. Some also noted that the increase in their workload had led to an increase in waiting times for consumers to see them and the psychologist.

*"It's very time consuming, so it's really hard when a patient's trying to get in so it's time consuming, I find the actual consult, if you give even a double appointment to a triple, like 45 minutes, it's always over, it just takes time, and so when you have 2 or 3 in a session, you've seen 3 people, and not much else, so it's very time consuming, and just emotionally draining, personally, sometimes. And so just doing a lot of work sometimes, I just get, sometimes I go through patches and I'm just getting, from one after the other, I personally find that a bit hard. It's rewarding, I'm happy to do it for the person, the need is there, but personally I find it hard, a heavy load at times."*

*"At the moment we are in a situation where my waiting times just for normal appointments are 8 weeks so that's the pressure that we are under."*

*"And the only other disadvantage has been because, well initially when it came out only that there were only a few GPs adopting it, and then more psychologists came onboard, and basically we went through a period where there wasn't very much of a waiting list, but then as more GPs came onboard, using the item numbers, there now is quite a substantial waiting list."*

Consumers' lack of understanding was cited as a negative impact by six GPs (19%). Some referred to consumers having a limited comprehension of the way in which Better Access worked, and others talked about consumers' unrealistic expectations of the psychological care they received through Better Access. Typical comments included:

*"The only negative side would be the patient going to a psychologist self-referred and then coming back and demanding a 2710 thinking they can get it across the counter ... For us, [for] every 2710 we do we do a full assessment. If you did want a negative you could say that was time consuming, but the end justifies the means ... it's worthwhile overall."*

*"... Some people think going to a psychologist fixes everything. Sometimes we have to explain ..."*

One GP (3%) was concerned about public sector mental health services and/or Federal agencies such as Centrelink referring people for Better Access care inappropriately. This GP said:

*"The psychiatric services see this as a way of them removing themselves from providing psychological counselling and support to people with much more serious mental illnesses and this system does not suit the people with serious mental illness. And they keep sending them back to me saying, 'Please refer to a psychologist for Better Access' and it's really not suitable. But that's about being cost driven I think, from State funding to Federal funding."*

*"I have seen Centrelink abuse the system ... where somebody has been on a disability payment due to mental health problems like a chronic anxiety disorder, and they send them to me to get a mental health plan done so that they can send them to a psychologist to get them back into the workplace. But they've already made the appointment to see the psychologist to who it's going to be. Twice that's happened. Some of my patients haven't engaged with it, they have come back saying that they*

*didn't find it helpful, but that's not necessarily a drawback, that's just that it doesn't suit some people, I think."*

### **Perceived positive impacts for consumers**

Almost all of the GPs (31, or 97%) felt that being able to provide psychological services via Better Access had benefited consumers under their care. Table 52 provides a breakdown of the kinds of benefits these GPs discussed.

**Table 52: Perceived positive impacts for consumers (n=32)\***

	Freq	%
Specialist care	16	50%
Improvement in mental health status	11	34%
Reduces financial strain	10	31%
Treatment choice	6	19%
Ease burden on public sector mental health services	3	9%

\* Multiple responses permitted

The main perceived benefit, reported by 16 GPs (50%), was consumers' improved access to providers with specialist skills in mental health care. Six GPs (19%) made similar observations, talking in terms of the treatment options made available by the increased access to specialist providers. The quotations below illustrate these points:

*"They've had more access to long consults, I suppose, with more of a chance to talk and whilst I like doing that, I am happy doing that, I feel comfortable and I feel trained to do that, I don't have enough time to fill the demands ... There is a huge demand for that kind of thing and I feel that being able to refer out to that just for people who couldn't afford it previously has been a huge help to their access to things to help with largely depression and anxiety, OCD and even psychosis and things like that. It's been a great help to them I think, because they are not having to wait longer and longer to get in. They can usually see a psychologist in a week or two. Also they [psychologists] are better trained for it. Many things I do feel comfortable with, but many of them I am sure they get a better treatment from the psychologist."*

*"They're getting more specific psychological care from someone who's got more training than I have and more expertise in that area."*

*"The numbers have allowed identification of problem areas and then ... enabled referrals on to more pertinent allied health services, so if it's out of area of expertise then that patient is referred on to a psychologist and then that has a positive outcome for them."*

*"Absolutely, in that they are able to access more appropriate care. Previously most of my patients wouldn't have been able to afford a private psychologist and may have ended up going to a psychiatrist instead, which was not necessarily appropriate for their care, or to a social worker, counsellor, and that may not also have been appropriate for their care ... I think I see patients getting better in greater numbers and more quickly. And I think I see more patients who improve, but that's only anecdotal."*

Another recurring theme was the perception that Better Access had improved mental health outcomes for consumers. GPs reported that they had taken consumers off medication, and had noticed sustainable and long-term changes in them. Some commented on consumers being able to return to work. Eleven GPs (34%) made comments of this sort:

“... Now I get probably somewhere between 80%-90% of my patients off medication, and that was much harder when they hadn't had the counselling and the psychological treatments that helped make the changes in the behaviour and the thinking. It's more than 80% but less than 90% of patients, somewhere around that I reckon, that I get off medication. I make the first attempt at six months, [although] I think it's probably more about 18 months to two years that people ... [see] the sustainable change. And now I probably have a larger number that don't even go on medication, that we actually send to the psychologists and that's enough. That would probably only be about one instance.”

“We have lot of patients benefited. [A] lot of them [are] stabilised at work, [a] lot of them return to work, [a] lot of them [have] kept their work after short crisis and [are] really good in fact. They're on medication, [GP] counselling and psychologist counselling ... [it] makes a big difference for them. There is bipolar and all, so that's something difficult, but in general, depression and family issues or, I mean not chronic mental issues, they make big difference for patient.”

Another consumer benefit, mentioned by ten GPs (31%), was that Better Access made psychological care affordable for patients. The comments below illustrate this point:

“Definitely. Just the fact that they can access psychologists. The majority of the people that I would have referred would not financially have been able to afford to go to a psychologist privately, and the help that they have received in being able to access that service has been wonderful ... I think it's been a huge benefit to the patients, and that's something that's very hard to quantify ... in terms of dollars. How can you put happiness or peace of mind or lack of anxiety and stress, you know, it's hard to put a dollar on that, in what the person's feeling.”

“Financially, it has helped the patients a lot. Instead of them having to pay a lot more out-of-pocket, they claim the bulk of it so that's been a great help. I don't refer as much to psychiatrists now, but then again I never did. I used to handle most of these things myself.”

A final, less commonly cited benefit included a reduced burden on the public mental health sector. This was mentioned by three GPs (9%).

### **Perceived negative impacts for consumers**

Two thirds of all GPs (21, or 66%) perceived there to be no negative impacts of Better Access for consumers. Eleven (34%) articulated some negative impacts, often qualifying their statements with the assertion that there were many positive impacts as well. Table 53 lists the negative impacts that they mentioned.

**Table 53: Perceived negative impacts for consumers (n=32)\***

	Freq	%
Waitlist	3	9%
Not enough sessions	2	6%
Affordability	2	6%
Confidentiality/ public access	2	6%
Service gaps	1	3%
Patients' preference	1	3%

\* Multiple responses permitted

Three GPs (9%) noted that the referral process sometimes created delays for consumers, because they had to see the GP before they could see the psychologist. One put it this way:

*“Just the delay in that they have to book ahead a time with me when I have got half an hour to do it which will delay the access ... To access directly the psychologist for instance there wouldn't be this wait.”*

Two GPs (6%) indicated that sometimes the restrictions on the number of available sessions posed problems. One said:

*“Only when needy patients reach their maximum number of sessions it can be difficult, but that's not often. Usually we manage that quite well. Occasionally that can be difficult when there's a gap.”*

Two GPs (6%) felt that the cost of the “gap” payment remained prohibitive for some consumers. One summarised this sentiment the following way:

*“I don't know if it's a negative impact or not, but I think there are still a lot of costs involved to the patient ... in seeing a psychologist. There is still a lot of disparity in fees and if it's not a clinical psychologist just a normal psychologist and they're charging the full whack – \$150 or whatever – [there are] big gaps. Sometimes I don't know what those gaps are going to be so that might be a negative impact – that the patient actually ends up paying bigger gaps than either they or I anticipated. It's just a thought but I think it still comes sometimes at quite a cost, though we have got the ATAPS scheme to fall back on as well ...”*

Two GPs (6%) indicated that consumers had approached them with concerns about the confidentiality of their information. These GPs indicated that a perception that their privacy might be breached sometimes acted as a disincentive to seeking care. One of these GPs explained this in the following manner:

*“I have had a couple of people who have enquired about the fact that they then have a mental health item number through the HIC and I've given them that brochure that we have about it, and so some have chosen not to participate ... I had one patient who is a psychologist herself who didn't want to do things through the mental health care plan system because she had concerns about confidentiality amongst [the] bureaucracy I suppose.”*

One GP (3%) commented on false positives and false negatives in terms of referrals, noting that some consumers with minimal need for mental health care were being referred to psychologists, and others with high levels of need were “slipping through the net”. Another reported that some consumers preferred to see GPs for counselling rather than be referred to another provider.

### **Additional comments**

GPs were given the opportunity to provide additional comments regarding Better Access. Thirty (94%) took the opportunity to expand on some of the issues that they had raised in response to earlier questions. In particular, 18 GPs (56%) reiterated that Better Access was an extremely positive initiative, both for themselves as providers and for consumers. They made summary statements like:

*“In summary, that it is a simple system that's working very well, with positive outcomes. Definitely a lot of positive outcomes.”*

*“I actually think that it's the single change in Medicare, over the last 10 years, that has probably made the most difference to my working life, you know, had the most benefit. I think it's really critical for GPs and patients that access to psychologists continues ...”*

*“I think it's an excellent scheme and I hope it continues with a greater benefit for myself. At the same time, I believe the rebate is quite appropriate for the services I provide.”*

Seven GPs (22%) expressed a desire for clarity from Medicare regarding rebates, legal and auditing obligations, and item descriptions, and greater consistency among doctors in preparing mental health plans. The comments below are typical of their responses:

*“[I'd] like to have it very clear what is the minimum Medicare requires in a referral to [avoid being] audited ... I'd love to see it changed to just a comprehensive letter ... rather than the standardised form that isn't necessary, in my opinion, for all the patients. I also feel well I am putting a lot of effort into these and I know that a lot of other doctors are, but I also know that a lot of other doctors aren't, and we are getting the same money for them and that doesn't feel fair. I have been working for 18 years in general practice and I have never been audited, so I think unless you really stick out as being vastly different to the majority, you don't get audited. Therefore, I feel ... you can get away with writing a brief standardised referral like 'Depression', 'Goals: To feel better', 'Action: See psychologist', and I feel like I am putting a lot more into them. I think given the money that's paid, more should be put into them. I think at the moment it's too much and then people are getting away with really crappy referrals as well and that doesn't seem fair.”*

*“More explanation about the different item numbers, but that's something I have to look into with Medicare ... explore ... You know what I could benefit with is a list of the item numbers under mental health printed in concise form [with an explanation of] what they all are paying for. [That] would be beneficial.”*

Three GPs (9%) stressed that although Better Access was a positive initiative, it did not meet the mental health needs of all consumers. Their views are summarised in the following statement:

*“In general I think it's been good. Possibly it's ... still not getting to the neediest of psychological therapy. I think possibly that people who access the scheme are sometimes better informed and more together. On the other hand, it's good to have it there and, yes, on the whole I think it's been a good scheme. [We] just have to try and make sure that ... the people who really need it can access it as a money thing.”*