BETTER OUTCOMES WORKSHOP – Small groups note
17 November 2006

YELLOW TABLE

Supporting Relationships between GPs and Allied Health Professionals

Metropolitan Divisions

1. What role does the Division want in supporting relationships between GPs and Allied Health for ATAPs and Better Access?
2. What are the practical measures divisions can take to support stronger relationships? Eg, joint familiarisation in Better Access, joint mental health training, database or list of local allied health providers circulated to GPs. *List as dot points.*
3. In order to undertake this role, what support does the division want from the following agencies. What do these organisations need to do? *List as dot points.*
    - Allied Health associations
    - ADGP
    - DoHA
    - GPDV
    - DHS
4. Further comment. *Please summarise key points.*

Response

1.

If Divisions are to support relationships between GPs and Allied Health we need FUNDING to do that.

2.

- Education and Training – charge Allied Health to attend
- Local branch APS
- Maintain data base of service providers
- Charge service providers to advertise on newletters
- Students' placement?

3.

Allied Health – Directories, communication, marketing be more proactive
ADGP – timely dissemination of resources
DoHA – Funding to roll out new initiatives/consider existing programs
GPDV - Full marks for effort/links with RANZCP
DHS - Communicate better with AMHS and DGP (PMHT/CAT Teams)

4.

That is all ☺

BLUE TABLE

Supporting Relationships between GPs and Allied Health Professionals

Rural Divisions

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    - GPDV

- DHS

4. Further comment. *Please summarise key points.*

Response

1. Facilitate an open forum for information sharing
   - Education
   - inviting key people from key professional areas
2.
   - Standard templates
   - Link into existing Mental Health Networks in your area
3.

Allied Health - Agreement's to attend
- Common goal
- Trained and able to present to GP population

ADGP – financial support
- training, resources, templates, guidelines

DoHA – as above
- long term indicators

GPDV – as above (ADGP) and continued communication

DHS – STATE AND FED communicate with one another

4. Further comments

General statement / common ground from COAG

SILVER TABLE

The Role of Divisions in Mental Health

Rural Divisions

1. What is the role of the division in providing support to GPs around mental health? What are the key priorities? Please list as dot points.
2. What are GPs expectations of the division in mental health?
3. What do you see as the role of the Board in determining local priorities in mental health?
4. What could the future role of divisions be in engaging local stakeholders for primary care mental health programs?
5. What do rural divisions need to fulfil their role in mental health from DoHA, DHS, GPDV and ADGP? Please list as dot points.

Response

1.
   - Education and facilitation
   - Engagement of GPs in Mental Health
   - Raising awareness of correct referral pathways and MH service providers (lists)
     i. specialities
   - Costs of services
   - Retain existing services
   - Support and advice
   - Being "seen" in clinics
2. All of the above
3. Meetings and discussion with relevant project officers and MH stakeholders and consumers.
   Consultation!!
   Knowledge sharing
4. CONSULTATION and collaborative work with local MH stakeholders
   Liaison role??

5. MONEY, early information, improved reporting criteria and format, grants and rural incentives for direct employment of AHP and retention.

GREEN TABLE

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<u>Response</u>

1. Role for Divisions – GPs – M Health

- M-director templates – information resourcing
- Answer questions – implementation issues
- Div – conduit between GPs and Government – encourage GPs to be involved in decision making in mental health.
- Key priorities – support and increase involvement
- Increase profile of mental health – core in work and not "too hard"
- Providing resources – explaining eg medic
- 'advocacy' – re: training and accredited practices reaccrediting of further learning.
- Nexus between AHPS and GPs – 'quality cont.…

2. GPs Expectations of Division of Mental Health

- Represent GPs to Government and relay specific 'local' issues
- Be able to resource GPs – partic around B-Access initiative – provide info (accurate)/templates, answers

3. Boards

- In theory – Divisions board needs to be in close contact with members – know what they experience at the coal face
- Awareness of needs
- Board be representative of members? – is this the reality
- Project Officers have best information about needs and wants – PO's feed this back to the Board members to determine priorities.

4. Local Stakeholders

- Conduit
- Primary care partnerships – through → integrating → particularly around Fed and State programs
- Division representing all those networks and the GP point of view eg discharge protocols, power, representative body, bargaining/representation

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ORANGE TABLE

The Preparation of the ATAPS Management Plan

Metropolitan Divisions

1. What is the likely impact of the new MBS items for GPs and Allied Health professionals on the uptake of the ATAPS project in your division? *Outline the possible outcomes as dot points.*
2. What are the demand areas for psychological support where a reconfigured ATAPS project might assist GPs in your division? Eg, for low-income patients, for young people, for patients with specific conditions, such as addictions. *List as dot points.*
3. What steps has the division considered to gather GP views?
4. What does the division know already about niche areas/demand? How?
5. Which stakeholder groups could usefully advise or be linked into a reconfigured ATAPS program? *List as dot points.*
6. What data do you think should be collected for a revised ATAPs program. *List as dot points.*
7. What new NQPS indicators for mental health would you put forward as appropriate measures for ATAPS? *List.*

<u>Response</u>

1. Impact – new MBS MH items
- ATAPS may not be used – reporting
- Use ATAPS for patients – NO GAP
- May choose ATAPS – b/c familiar
  - assistance from Divs

Allied Health – keen to maintain involvement
- capacity for new items
- may open for new professions (OT/SW)

Look at other options
- D & A

2. Demand will niche shift?
- Use ATAPS for D & A
- Identify gaps and then try to steer
- Patients requiring free services
- Open to all GPs
  Views bulk billing
- Review meetings, focus groups
- Forum of current parties

3. target populations
   PMHT – assist GPs –
   - assessment/plan
   - diagnosis

PINK TABLE

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Response

1. IMPACT ON ATAPS:

Minimum

- – may take some pressure off ATAPs
- re AHP referrals – NOT sure how small rural towns will be serviced by Better Access
- May increase waiting lists
- Increase demand on AHPs will decrease bulk billing
- NO psychiatrists

Maximum

- Increase admin burden on Divs
- Drought
- Concern ATAPs funding will be withdrawn therefore need to build in sustainability through Better Access

2. DEMAND AREAS:

- MBS item demand
- Corporate Practices
- No Changes to "Demand areas" – no critical mass

GP VIEWS:

- Practice visits
- Board
- Advisory committees
- Consumer groups

3. STAKEHOLDER GROUPS:

"Rurally disadvantaged, drought suffering community members."
ie 99% of community
No capacity for niche markets 9DHS funding – droughts)

5. Depends on how ATAPs is "reconfigured"
6. Unanimous vote for "CRAP"!
7. NQPS not useful data

Private providers don't collect information, so skews information divisions collect.