Better Outcomes Allied Health Network

RURAL

Problems	Solution
Rural/urban mix	Require more funds – to enable access to service across more remote settings
Travel/distance 2 hours +	As above
Education spectrum eg. face to face teleconference	• Large number of education events. 42 per year on MH • Introduce registratras to L1 training • SGL GP facilitator: - calendar - GP drives own group • PMHT training • Use of local specialist training • Email use for certiificates etc. • Building relationships with division and other organsisations • Lobbying government • Interdivisional support with training resource sharing • Resource tables at events such as this.
Geographical area	Require more funds – to enable access to service across more remote settings
Fnding for programs	As above
RRMA ratings	As above
Time constratints placed on rural GPs	As above
Youth mental health funding “headspace effectiveness”	As above
Sustainability of funding??	As above
Service changes	As above

PRACTICE VISITS

Problems	Solutions
Incorporating care elements into PV	Joint sessions
	Look at existing programs to incorporate cares (CDM)
	Gain interest and provide resources (just give key messages) Fact Sheets via email/newsletter etc.
How to prioritise referrals?	GPs to consider risk assessment
How do oyu support staff in the clinic?	2 way communication to GPs re: clinical risk, OH+S, what is acute and what's not?
	Eligibility criteria/knowledge of other resources
PMHT is being bypassed.	Re-establish relationships
	Identify what they can offer and how much they can work with GPs.
Competing with Drug Reps for lunchtime visits.	Pay GPs for the hour/provide information to them
	Drug reps promote ATAPS (level 1 training)

COAG

Problems
MBS Items (1 November) 1. How will it impact on ATAPS? 2. How to explain it and what divisions need to explain?
Resources from ADGP – flow charts; training for division staff
Who does it target?
Timeline for divisions to get resources – in October some time?
How will referrals take place?
What feedback will be provided to GPs by AHPs?
What sort of records will be kept by GPs and psychologists?
Blended program? Training?
How will it be evaluated? How will outcomes be measured? Who will do the monitoring? Whose responsibility will this be?

ATAPS

Problems	Solutions
Paperwork	Templates on MD; 3 step plan doubles as referral form.
Confidentiality	?
Funding	?
Demand Management	Cap high referrers; Expiry for vouchers
Inappropriate referral	Education
Payment to Allied Health	?