

# Best Practice Psychiatrist Liaison Model

New and Amended  
MBS item numbers  
November 2006



THE ROYAL  
AUSTRALIAN AND NEW ZEALAND  
COLLEGE OF PSYCHIATRISTS

[www.ranzcp.org](http://www.ranzcp.org)

## Letter from the President

1 November 2006



Dear Fellows,

I am pleased to provide to you further advice on the recently announced changes to the Medicare Benefits Schedule under the Better Access to Mental Health Services initiative.

The College has been actively participating in high-level negotiations in relation to these changes. Our involvement has been pivotal in gaining agreement on significant increases across all the major item numbers.

This has resulted in the largest increase in reimbursement funding since the commencement of Medicare. It is my pleasure to share with you the good news that commencing 1 November 2006 there will be increases across the range of psychiatry items, the most significant being an **80% increase** in the schedule fee for MBS items **291** (Referred patient assessment and management plan) and **293** (Review of referred patient assessment and management). A new MBS psychiatry item has been introduced, **296** for initial consultations with new patients, with the schedule fee **40% above item 306**.

The changes include a **7% increase** in all the 30 to 45 minute and 45 to 75 minute consultations (instead of the usual 1 to 2% annual increase) covering all locations such as consulting room, home visit and hospital. We lobbied to ensure that intensive psychiatric treatment under item **319** is included. I make this point because I know many fellows were concerned that the government push to increase consultations would be at the cost of adequate support for long-term treatment. This was an issue that we argued for strongly, with some success.

There are also new referral pathways, to refer on those patients whose needs can be met by clinical or other psychologists and/or allied health professionals.

It will take some time before we can judge the effectiveness of these new arrangements. We are negotiating with the government for a substantial amount of funding to support the education and training needs of the mental health sector in relation to these changes.

I encourage you to familiarise yourself with this brochure and the information contained within. If you should have any further enquiries please do not hesitate to go to the College website at <http://www.ranzcp.org/publicarea/gpliaison/gpliaison.asp> or the Australian Government Department of Health & Ageing website [www.health.gov.au](http://www.health.gov.au) (links are listed on the College website).

Yours sincerely

Julian Freidin  
President  
Royal Australian and New Zealand College of Psychiatrists

## Background

From November 1 2006 new Medicare Benefits Schedule (MBS) items will be introduced with higher schedule fees and rebates for patients seeing a psychiatrist for the first time. Together with the new general practitioner (GP), psychologist and allied mental health items, the *Better Access* initiative places more emphasis on patients seeing a psychiatrist for an initial visit more quickly, and then being directed to the most clinically appropriate service.

The aim of the initiative is to encourage private psychiatrists to see more new patients, and to refer on to psychologists and GPs those patients whose needs can be met by these clinicians, thereby improving access to appropriate mental health care.

*Australian Government, Department of Health and Ageing*

## How does the *Better Access* initiative interact with other relevant programs?

The Australian Government will continue to honour its commitments to supporting the key components of the Better Outcomes in Mental Health Care (BOIMHC) program, including the support of GPs from psychiatrists, Focussed Psychological Strategies, access to allied health services and significantly increasing the schedule fee for MBS item numbers 291 (Referred patient assessment and management plan) and 293 (Review of referred patient assessment and management plan).

## Who can refer to Psychiatrists?

There are no changes in who can refer to psychiatrists. All referrals must still be received through general practitioners (GP).

## What referrals can Psychiatrists expect to receive?

Psychiatrists will receive referrals from GP's under the MBS item numbers 291, 293, and 296 (297 and 299). Please refer to following pages for more information on each new and amended item.

## MBS Item 291 – Consultant psychiatrist, Referred patient assessment and management plan

Schedule fee: \$400.00

Rebate: \$340.00

### Description

Where the patient is referred to a consultant physician in the practice of his or her speciality of PSYCHIATRY **by a general practitioner** (but not including a specialist or consultant physician) for the provision of an assessment and management plan and where the consultant psychiatrist provides the referring general practitioner with an assessment and management plan to be undertaken by that general practitioner for the patient, where clinically appropriate.

### Conditions

An attendance of more than 45 minutes duration at consulting rooms during which:

- An outcome tool is used where clinically appropriate;
- A mental state examination is conducted;
- A psychiatric diagnosis (assessment) is made;
- The consultant psychiatrist decides that the patient can be appropriately managed by the referring general practitioner without the need for ongoing treatment by the psychiatrist;
- A 12 month management plan, appropriate to the diagnosis, is provided to the referring medical practitioner which must:
  - a) comprehensively evaluate biological, psychological and social issues;
  - b) address diagnostic psychiatric issues;
  - c) make management recommendations addressing biological, psychological and social issues; and
  - d) be provided to the medical practitioner within two weeks of completing the assessment of the patient.
- The diagnosis and management plan is explained and provided, unless clinically inappropriate, **to the patient** and/or the carer (with the patient's agreement);
- A detailed report including the diagnosis and management plan is communicated in writing **to the referring general practitioner**;

Not being an attendance on a patient in respect of whom, in the preceding 12 months, payment has been made under this item.

Note: This item needs to be initiated by the General Practitioner. If unsure regarding referral a template fax is included to clarify with GP.

## MBS Item 293 – Consultant psychiatrist, Review referred patient assessment and management plan

Schedule fee: \$250.00

Rebate: \$212.50

### Description

The consultant physician in the practice of his or her speciality of PSYCHIATRY **reviews** a management plan previously prepared by that consultant psychiatrist for a patient and **claimed under item 291**, where the review is initiated by the referring medical practitioner practising in **general practice**.

### Conditions

An attendance of more than 30 minutes but not more than 45 minutes duration at consulting rooms where that attendance follows item 291 and during which:

- An outcome tool is used where clinically appropriate;
- A mental state examination is conducted;
- A psychiatric diagnosis is made;
- A management plan provided under item 291 is reviewed and revised;
- The reviewed management plan is explained and provided, unless clinically inappropriate, to the patient and/or the carer (with the patient's agreement);
- The reviewed management plan is communicated in writing to the referring medical practitioner.

Being an attendance on a patient in respect of whom, in the preceding 12 months, payment has been made under item 291, payable no more than once in any 12-month period.

Please refer to the **Explanatory Notes** for MBS items 291 to 293 at <http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&qt=NoteID&q=A.15>

## MBS Item 296, 297, 299 – Consultant psychiatrist, Initial consultation, New patient

Schedule fee: \$230.00

85% Rebate: \$195.50

75% Rebate: \$172.50

### Description

There are three new psychiatry items:

#### 1 Initial consultation for a new patient in consulting rooms (item 296)

Involves a professional attendance of more than 45 minutes by a consultant psychiatrist upon referral from a medical practitioner, where the patient is a new patient to that psychiatrist, or a patient who has not been seen by the consultant psychiatrist in the preceding 24 months.

#### 2 Initial consultation for a new patient in hospital (item 297)

Involves the same elements as item 296, but the service is provided in a hospital.

#### 3 Initial consultation for a new patient, home visit (item 299)

Involves the same elements as items 296 and 297, but the service is provided at the patient's home.

### Conditions

Items 296, 297 or 299 will apply once only for each new patient on the first occasion that the patient is seen by that consultant psychiatrist, unless the patient is referred by a medical practitioner practising in general practice for an assessment and management plan. In this case the consultant psychiatrist, if he or she agrees that the patient is suitable for management in a general practice setting, will use item 291 where an assessment and management plan is provided to the referring practitioner.

Please refer to the **Explanatory Notes** for MBS items 296 to 299 numbers at <http://www9.health.gov.au/mbs/search.cfm?type=item&go=browse>

## New and amended MBS items schedule fees and rebates table

November 2006

Item	Description	Items	Schedule fee	Rebate Nov 06
<b>Psychiatry items</b>				
<b>Referred patient assessment and management plan</b>	Increased fee for existing item 291	<b>291</b>	<b>\$400.00</b>	<b>\$340.00</b>
<b>Review of management plan</b>	Increased fee for existing item 293	<b>293</b>	<b>\$250.00</b>	<b>\$212.50</b>
<b>Initial consultation, new patient</b>	New items for an initial consultation with a new patient in rooms, (also items for in hospital or in a patient's home)	<b>296</b>	<b>\$230.00</b>	<b>\$195.50</b> (85%) <b>\$172.50</b> (75%)
<b>Consultations</b>	Increased fees for existing items 304 and 306 and related items 314, 316 (>50 attendances) 319 (severe) also increased fees for items 324, 326 (in hospital) 334 and 336 (home visits)	<b>304</b> <b>306</b> <b>314</b> <b>316</b> <b>319</b>	<b>30-45 min \$117.60</b> <b>45-75 min \$162.35</b> <b>30-45 min \$58.85</b> <b>45-75 min \$81.30</b> <b>&gt;45 min \$162.35</b>	<b>\$100.00</b> <b>\$138.00</b> <b>\$50.05</b> <b>\$69.15</b> <b>\$138.00</b>

### Further information

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/coag-mental-table.htm>

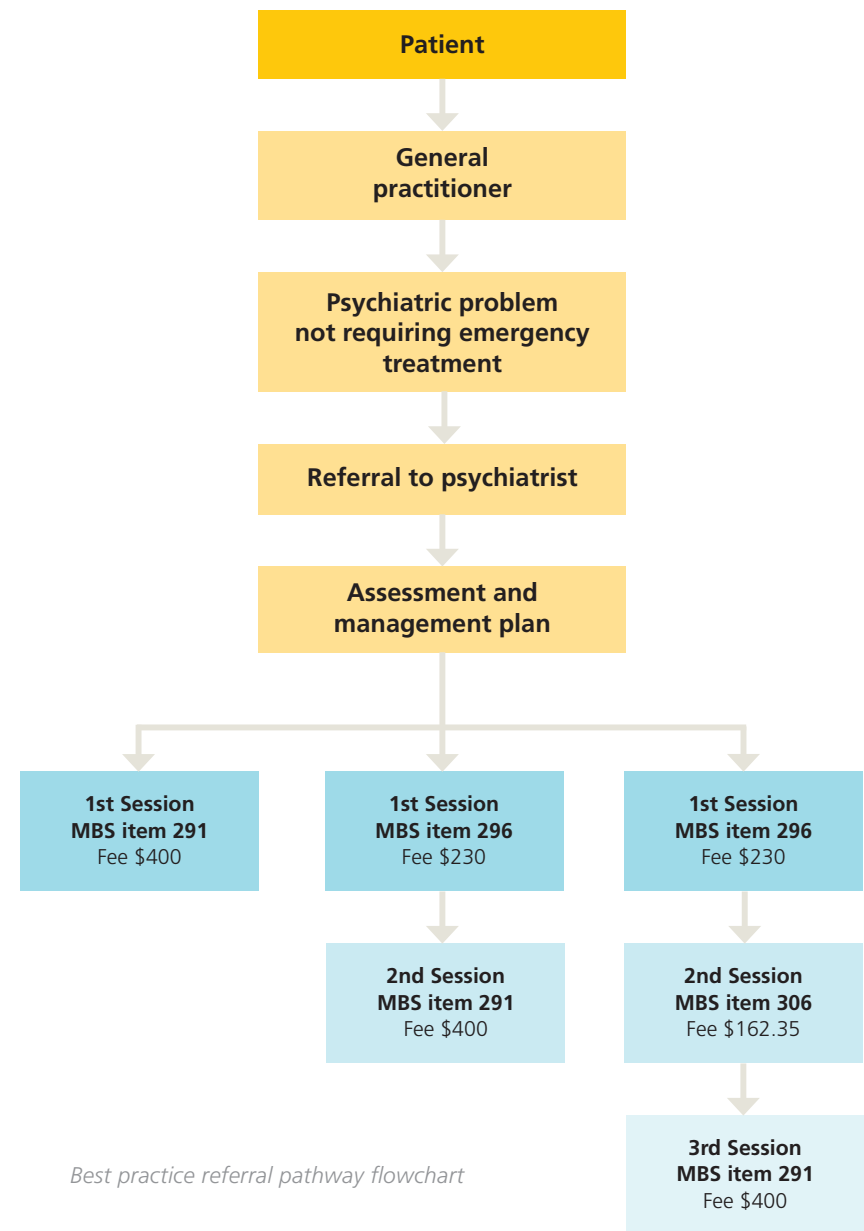
**Best practice for referred patient assessment and management plan (items 291 to 293) and initial consultation with a new patient (items 296 to 299)**

Before accepting a general practitioner initiated referral for the assessment and development of a management plan for a patient, consultant psychiatrists should first clarify whether the general practitioner is willing to undertake the future management of the patient before undertaking the assessment. A fax template is included on our website if you require GP clarification.

Psychiatrists should also consider the number of consultations that may be necessary in order to decide whether or not the patient is suitable for GP management before billing under the various MBS items. It is not generally intended that item 296, 297 or 299 will be used in conjunction with, or prior to, item 291. However, it is acknowledged that there may be particular circumstances where it is not possible for the consultant psychiatrist to determine in the initial consultation whether the patient is suitable for management under such a plan. In these cases, where clinically appropriate, items 296, 297 or 299 may be used, and item 291 may be used subsequently as described below. For example:

- **1 consultation only** (most patients): Use MBS **item 291** - Consultant psychiatrist, Referred patient assessment and management plan. (Schedule fee \$400).
- **2 consultations** (particular circumstances): Use MBS **item 296** - Consultant psychiatrist, Initial consultation, New patient first (Schedule fee \$230), THEN having decided that GP management is indicated use MBS **item 291** - Consultant psychiatrist, Referred patient assessment and management plan. (Schedule fee \$400). These items cannot be used for the same patient on the same day.
- **3 consultations** (rare circumstances): Use MBS **item 296** - Consultant psychiatrist, Initial consultation, New patient first (Schedule fee \$230), THEN use MBS **item 306** - Consultant psychiatrist, consultation, 45-75mins (Schedule fee \$162.35) or related items 302 or 304 depending on time spent assessing the patient, THEN having decided that GP management is indicated use MBS **item 291** - Consultant psychiatrist, Referred patient assessment and management plan (Schedule fee \$400).

**Remember** that there is a formal **Opinion and Management Report** process available to general practitioners (GP) who refer a patient to a consultant psychiatrist. If the GP requires more detailed information, the GP will need to refer the patient **specifically** for an **Assessment and Management Plan** (item 291) and report. >



*Best practice referral pathway flowchart*

If the patient's condition requires it, after an Item 291 referral, the patient can be seen for ongoing therapy by the assessing psychiatrist under certain circumstances. The original assessment has to be done in the belief that the GP could manage the patient and the psychiatrist will require a clear justification, detailed in writing, when confirming the change with the GP.

### What is a GP Mental Health Care Plan?

A GP mental Health Care Plan involves the GP assessing the patient, identifying needs, setting and agreeing management goals, identifying any action to be taken by the patient, selecting appropriate treatment options and arrangements for ongoing management of the patient, and documenting this in the plan.

### What are Focussed Psychological Strategies?

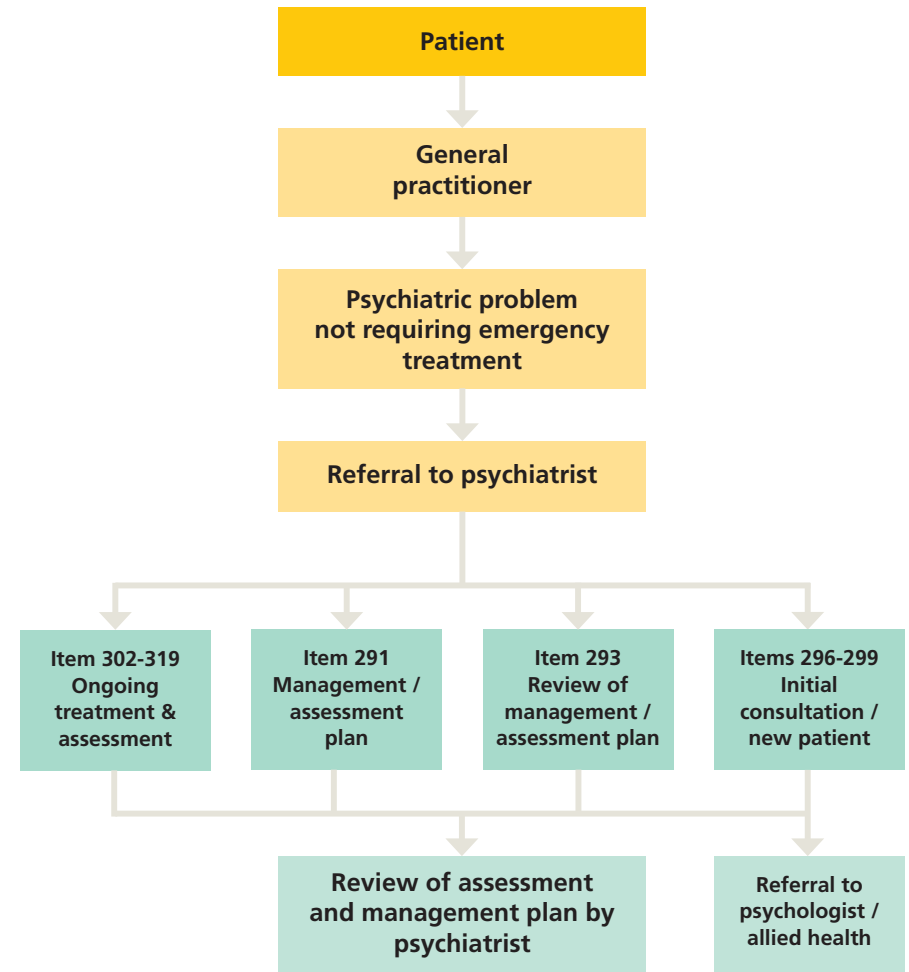
General practitioners (GP) that have appropriate mental health training can provide focussed psychological strategies to their patients. Alternatively, GPs can directly refer to patients to clinical psychologists, general psychologists and allied health professionals for the delivery of Focussed Psychological Strategies. Approved Focussed Psychological Strategies (FPS) include:

- 1 **Psycho-education** (including motivational interviewing).
- 2 **Cognitive behaviour therapy** behavioural interventions including behaviour modification; exposure techniques; activity scheduling; and cognitive interventions including cognitive therapy.
- 3 **Relaxation strategies** - progressive muscle relaxation; controlled breathing, etc.
- 4 **Skills training** - problem solving skills and training; anger management; social skills training; communication training; stress management; parent management training, etc.
- 5 **Interpersonal therapy** (especially for depression).

### Reporting requirements

Psychiatrists must provide a written report to the referring general practitioner as described under each MBS item number. The written report should include information on:

- any assessments made of the patient;
- any treatment provided; and
- recommendations on future management of the patient’s disorder.



General practitioner referral pathway flowchart

## Referral Pathways

### Referrals to clinical psychologists and general psychologists

#### In what circumstances would a Psychiatrist refer to a psychologist?

Depending upon the diagnosis, psychiatrists should refer to psychologists for the provision of a range of psychosocial interventions. Psychiatrists can discuss with psychologists a particular intervention they would like provided or in consultation allow the psychologist to determine the most appropriate course of action.

There are a number of ways to access local psychologists in your area including through the Australian Psychological Society [www.psychology.org.au](http://www.psychology.org.au) or alternatively the psychologist registration board in your State or Territory.

#### What is the difference between a clinical psychologist and general psychologist?

Clinical psychologists have at a minimum, an educational level of Masters of Clinical Psychology (six years of study) together with clinical experience. Clinical psychologists typically provide services to patients that are more complex and clinical in nature with associated co-morbidities.

In general all other psychologists have at a minimum, an education level of at least four years of approved psychological study and at least 2 years of supervised practice. Generalist psychologists typically provide services to patients with high prevalence concerns.

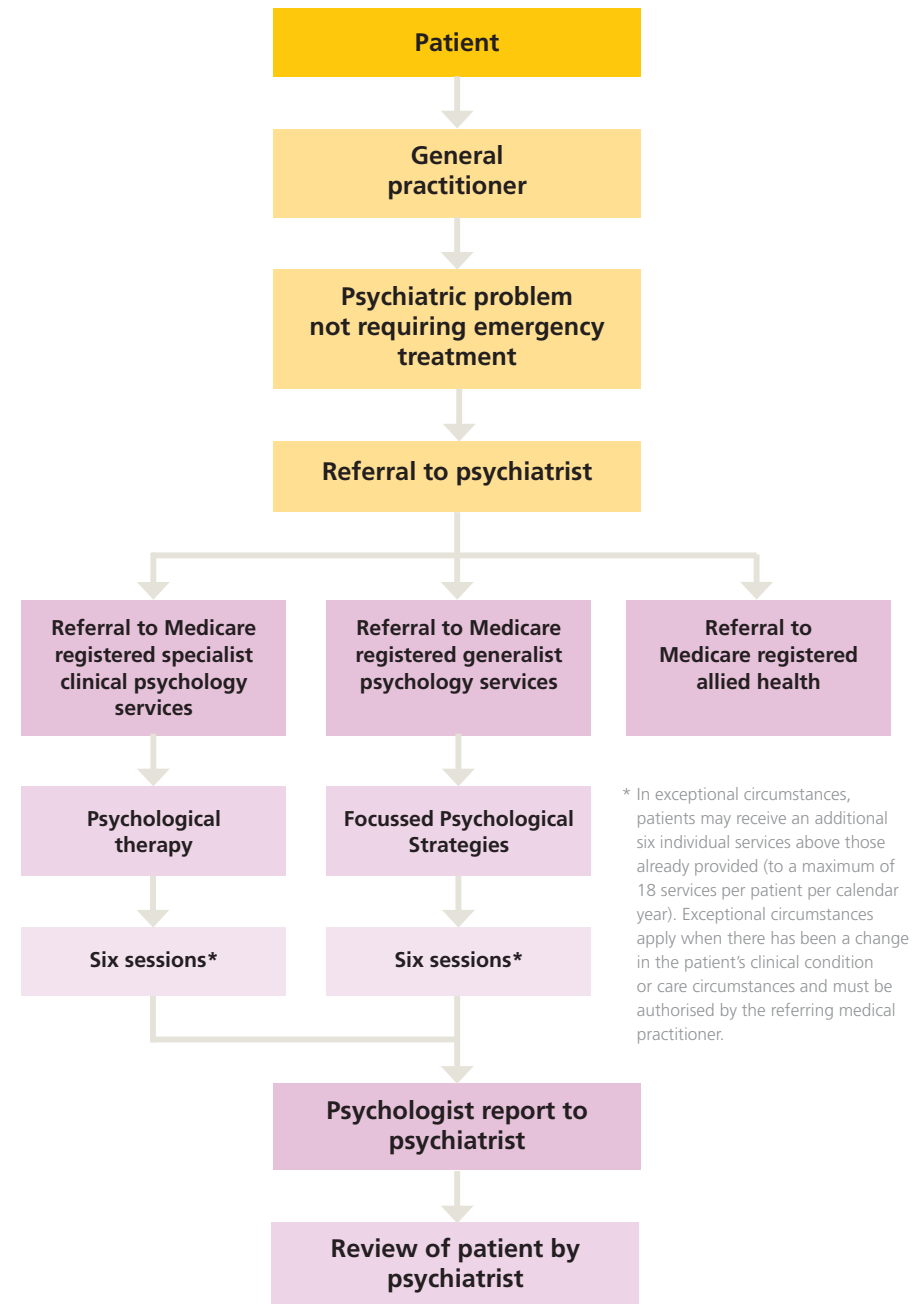
#### What is the difference between therapies provided by clinical psychologists and general psychologists?

Clinical psychologists typically provide therapy that forms a comprehensive intervention package and that is integrated into the psychiatrist's ongoing pharmacological treatment plan, and will involve behavioural and/or emotional adjustment (e.g. cognitive behavioural therapy).

Generalist psychologists typically provide focussed, skills based interventions or therapy that address a specific area of concern and can utilise a variety of approaches and therapies.

Depending upon expertise, all psychologists can provide patient assessments.

*From Australian Psychological Society*



Psychologist referral pathway flowchart

## Further Information:

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