

Evaluation of the Better Access initiative

Jane Pirkis, Meredith Harris, Maria Ftanou, Shelby Williamson, Anna Machlin, Deb Warr, Jo Christo, Lani Castan, Matthew J Spittal, Bridget Bassilios, Wayne Hall



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STRATEGIC DATA

Better Access

- Introduced in November 2006
- Enables consumers to receive a specified number of Medicare-reimbursable sessions of mental health care from an allied health professional (on referral from a GP who completes a Mental Health Treatment Plan), or sessions of mental health care from the GP him/herself
- Modified in recent Federal Budget:
 - Reduction in permissible number of sessions with allied health professionals
 - Introduction of two-tier rebate for GP Mental Health Treatment Plans

Evaluation

Drew on 20 different data sources to answer a range of questions about the appropriateness and effectiveness of Better Access:

1 & 2. Components A and A.2: Studies of consumers and their outcomes	12. Independent analyses of service-level MBS data
3. Component B: Analysis of Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) data	13. The Bettering the Evaluation and Care of Health (BEACH) program
4. Component C: An analysis of allied mental health workforce supply and distribution	14. A study of uptake of Better Access item numbers by women
5. Component D: Stakeholder consultations	15. Australian Psychological Society (APS) surveys of members
6. Component E: Evaluation of main education and training projects	16. Independent surveys of occupational therapists
7. Component F: An analysis of the 2007 National Survey of Mental Health and Wellbeing (NSMHWB)	17. Independent survey of psychologists
8. Independent analyses of the 2007 NSMHWB, including comparisons with the 1997 NSMHWB	18. APS survey of consumers
9. Relevant DoHA documentation	19. A study of outcomes for consumers seen by psychologists through Better Access
10. Post-implementation review of Better Access	20. A study of outcomes for consumers seen by occupational therapist through Better Access
11. Australian Institute of Health and Welfare (AIHW) analyses of service-level and patient-level MBS data	

Component A: A study of consumers and their outcomes

- Novel methodology under which participating psychologists, GPs (and psychiatrists) recruited consumers when they first presented for services via the Better Access item numbers
- Consumers were followed during the course of their care, and their outcomes monitored
- Primary data were collected via a password-protected minimum dataset (provider-level, consumer-level, session-level)
- Supplementary data were collected via telephone interviews with providers and consumers

Actual and target samples of providers

	Approached	Recruited	Retained (i.e., did not actively withdraw)	Participated	Original target	Revised target
Clinical psychologists	509	77	57	41	20	40
Registered psychologists	640	81	73	49	20	40
GPs	1,280	125	90	39	40	160
TOTAL	2,429	283	220	129	80	240

Actual and target samples of consumers

	Recruited, retained and participated	Original target	Revised target
Seen by clinical psychologists	289	100-200	200-400
Seen by registered psychologists	317	100-200	200-400
Seen by GPs	277	200-400	800-1,600
TOTAL	883	400-800	1,200-2,400

Nature of participation by providers

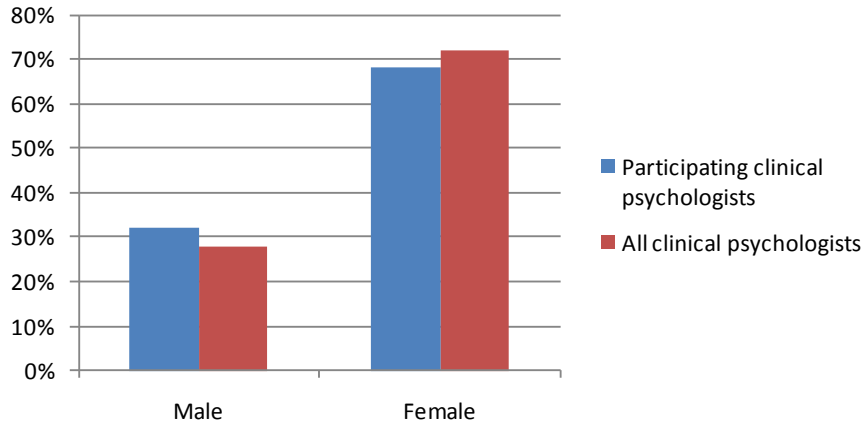
	Recruited consumers and entered data into minimum dataset	Provided views on delivering care through Better Access		
		Took part in interview	Completed survey	Total
Clinical psychologists (n=40)	40	39	0	39
Registered psychologists (n=48)	48	44	1	45
GPs (n=39)	39	31	1	32
TOTAL (n=127)	127	114	2	116

Nature of participation by consumers

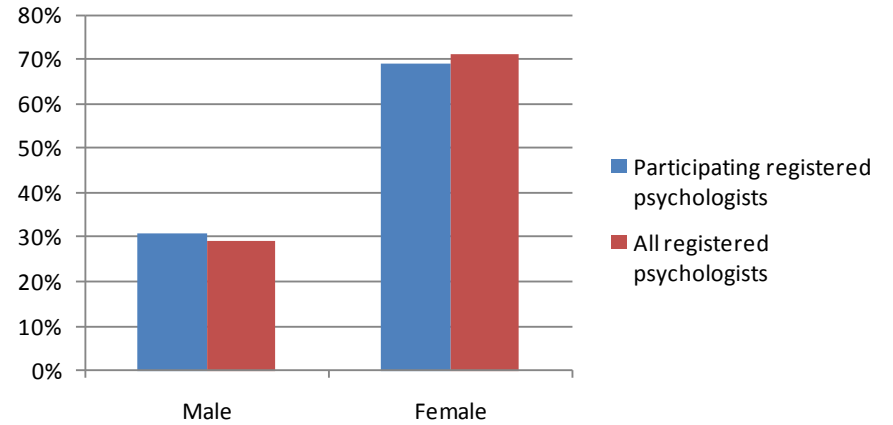
	Had relevant socio-demographic, clinical and treatment data entered into minimum dataset	Had pre- and post-treatment outcome data entered into minimum dataset	Provided views on receiving care through Better Access		
			Took part in interview	Completed survey	Total
Seen by clinical psychologists (n=289)	289	205	112	21	133
Seen by registered psychologists (n=317)	317	208	136	16	152
Seen by GPs (n=277)	277	177	104	17	121
TOTAL (n=883)	883	590	352	54	406

Providers: Gender

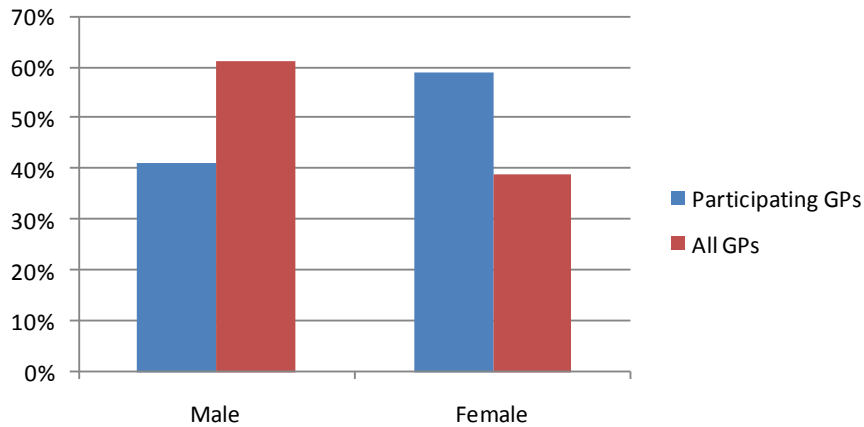
Clinical psychologists



Registered psychologists

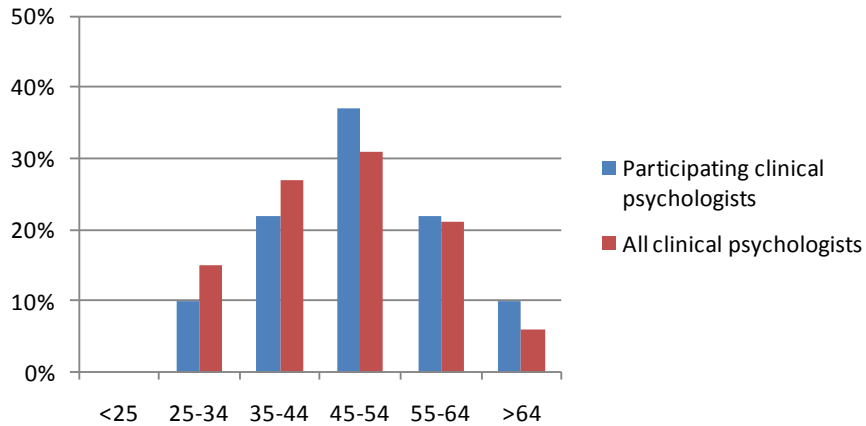


GPs

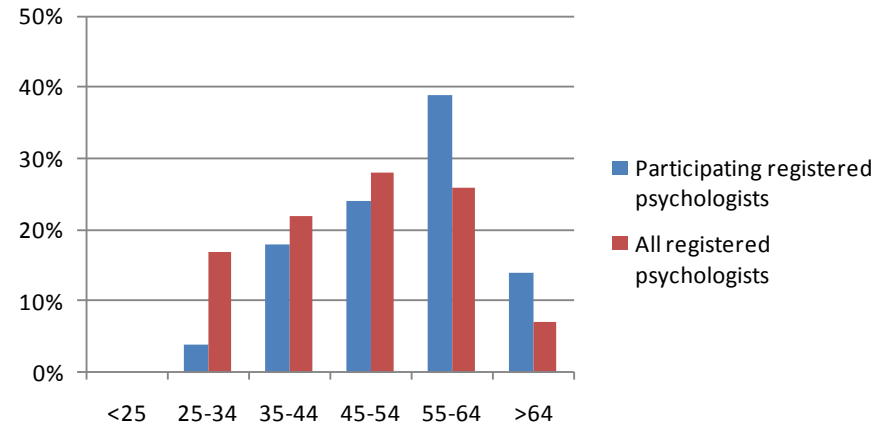


Providers: Age

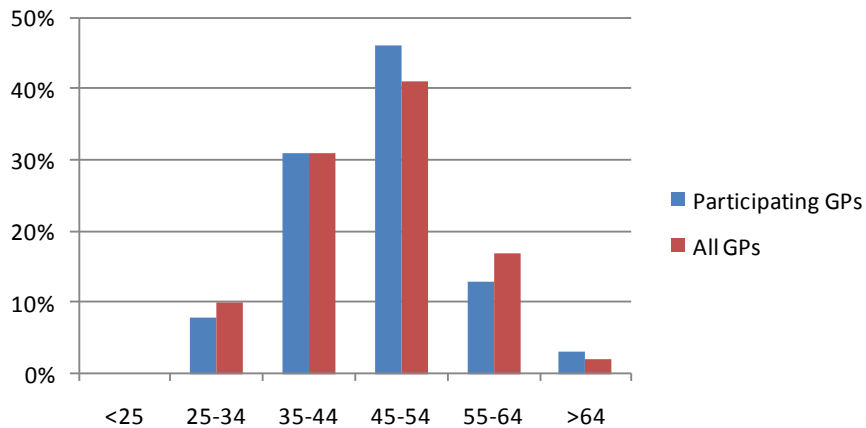
Clinical psychologists



Registered psychologists

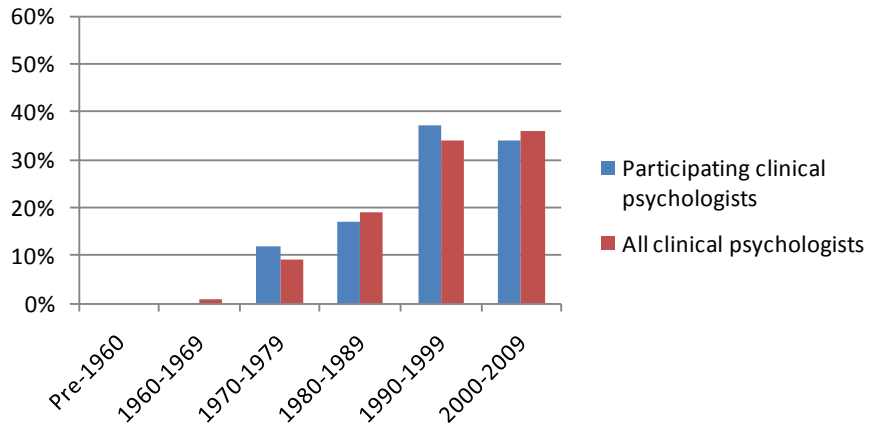


GPs

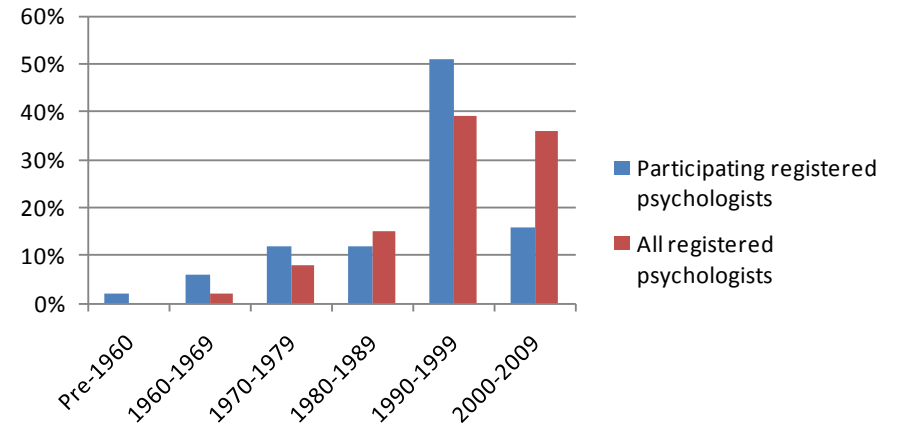


Providers: Year of qualification

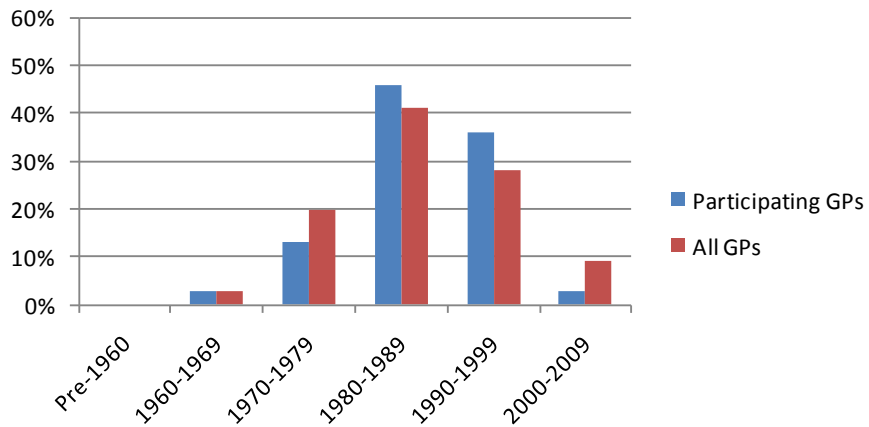
Clinical psychologists



Registered psychologists

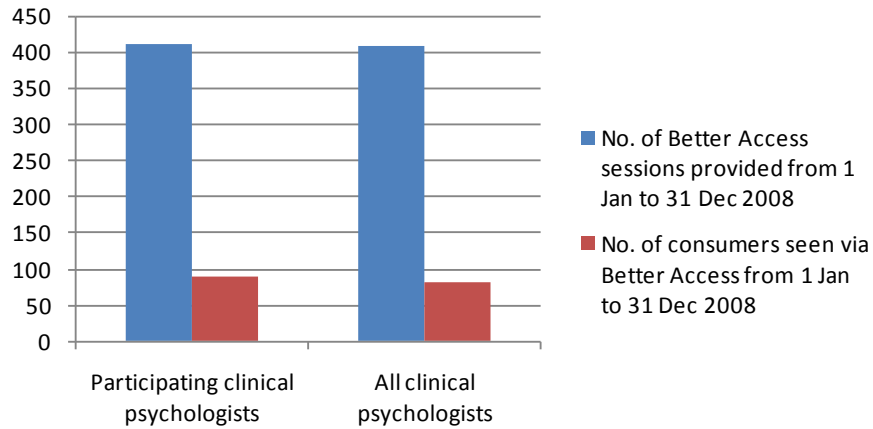


GPs



Providers: Better Access sessions/consumers

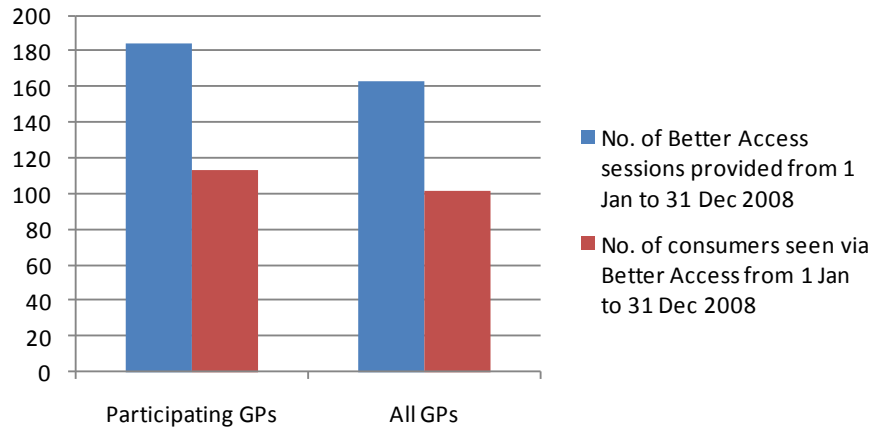
Clinical psychologists



Registered psychologists

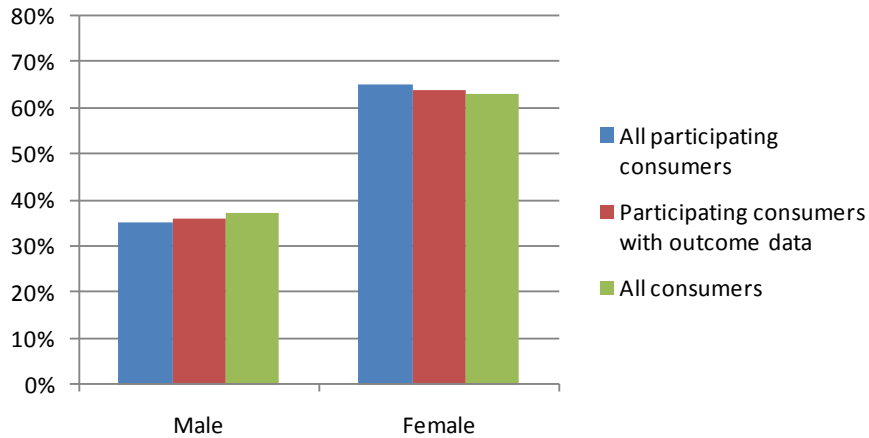


GPs

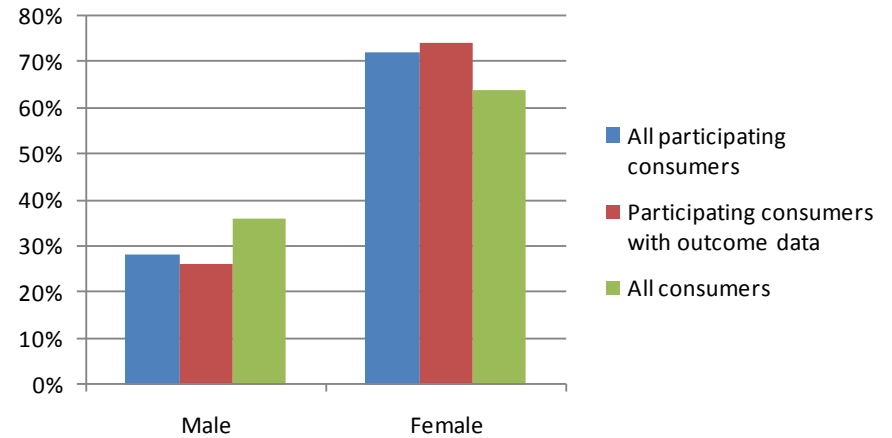


Consumers: Gender

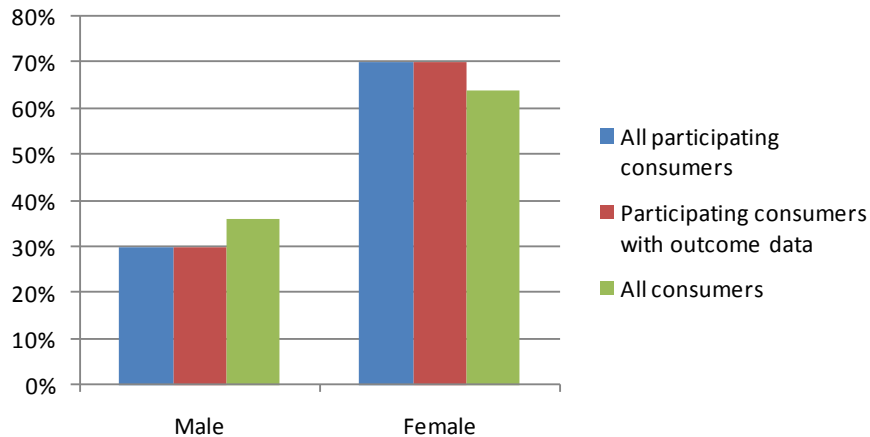
Consumers seen by clinical psychologists



Consumers seen by registered psychologists

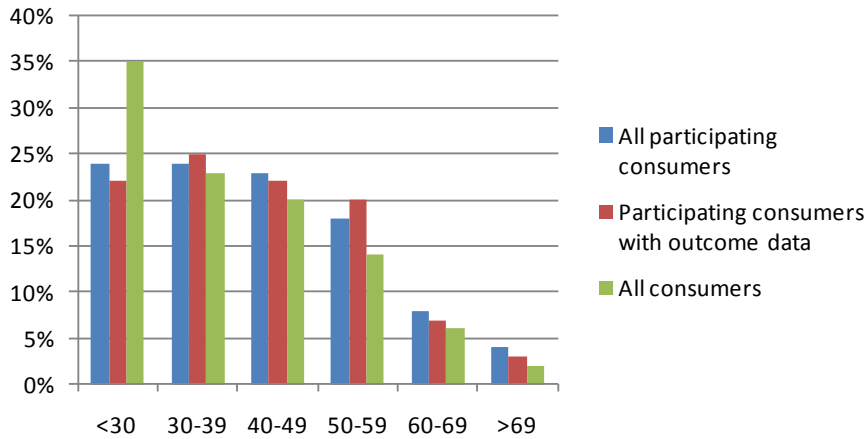


Consumers seen by GPs

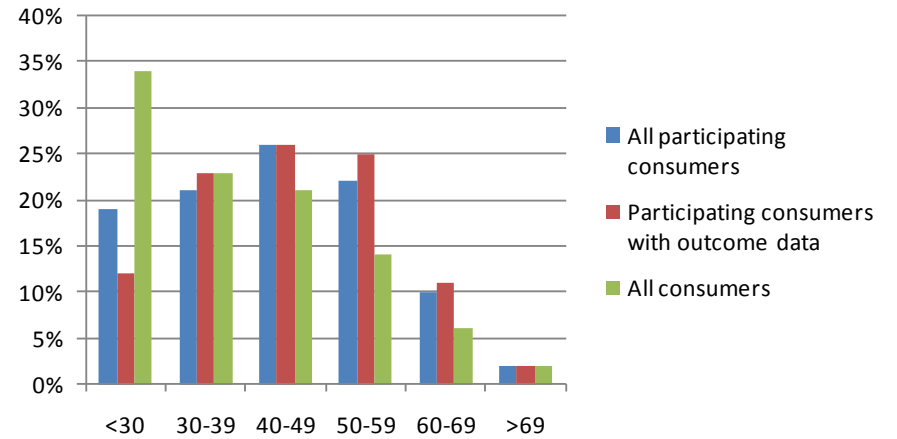


Consumers: Age

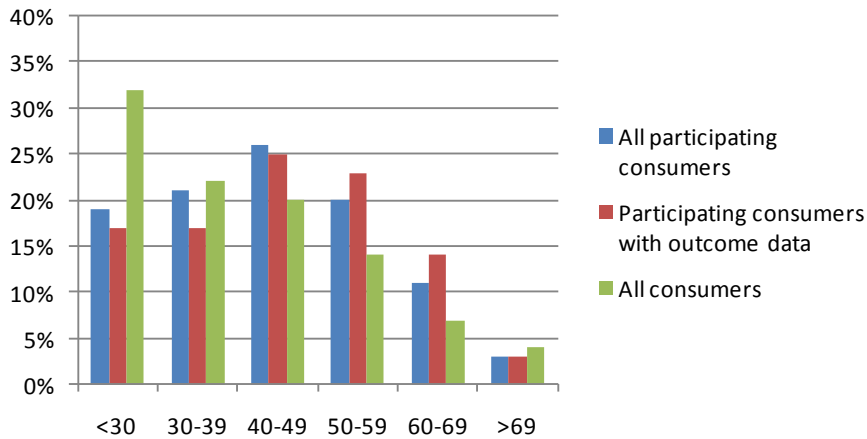
Consumers seen by clinical psychologists



Consumers seen by registered psychologists

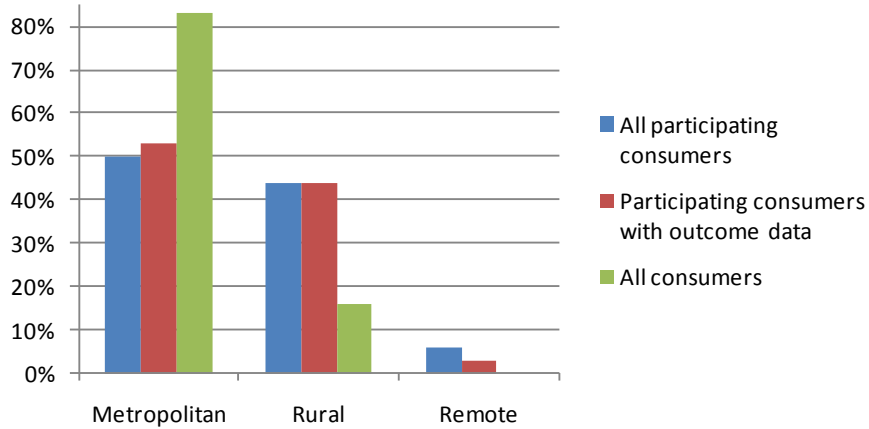


Consumers seen by GPs

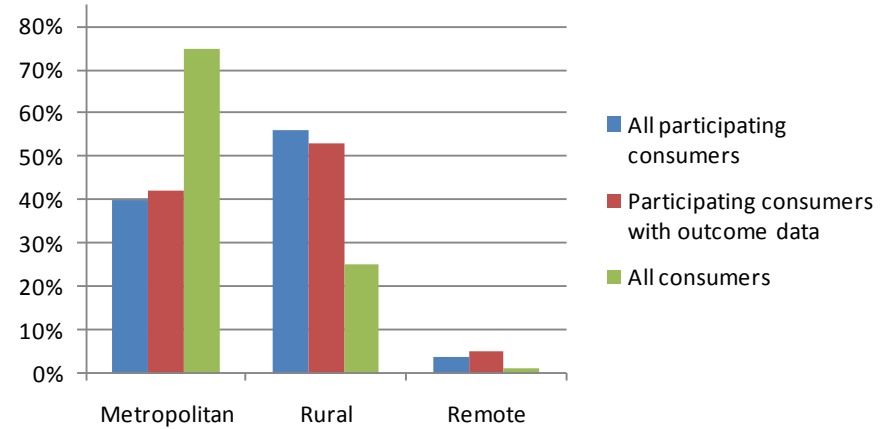


Consumers: Region

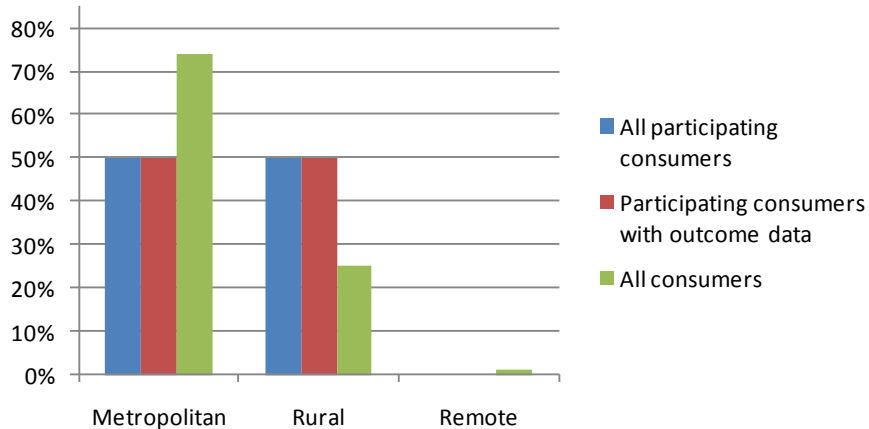
Consumers seen by clinical psychologists



Consumers seen by registered psychologists

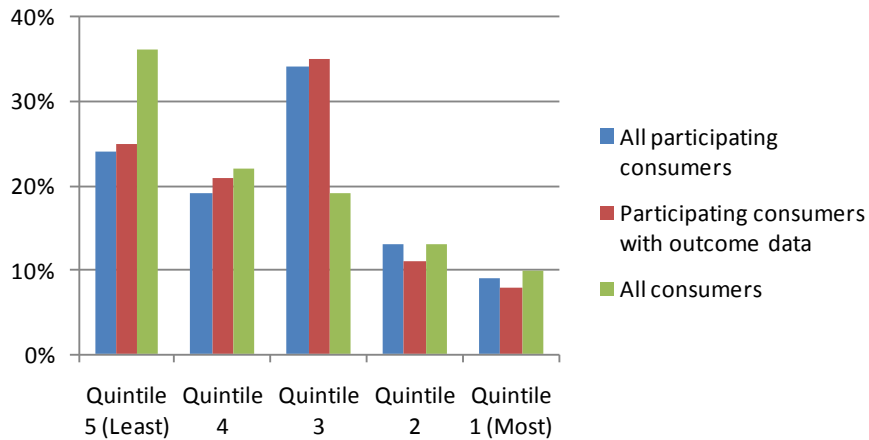


Consumers seen by GPs

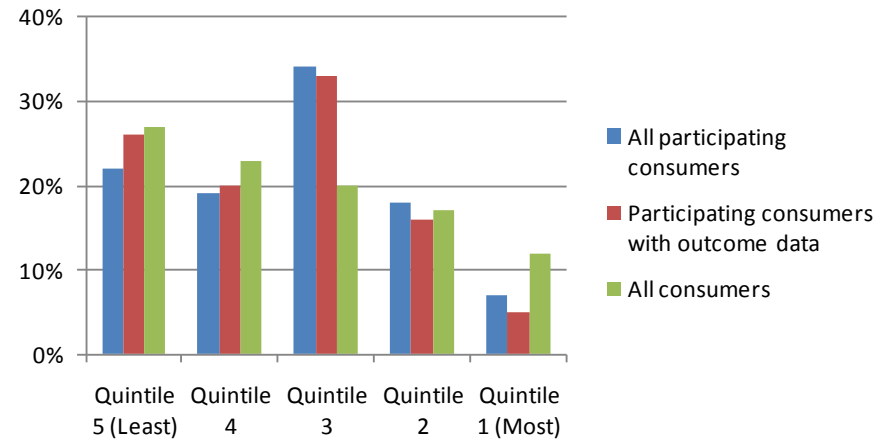


Consumers: Socio-economic disadvantage

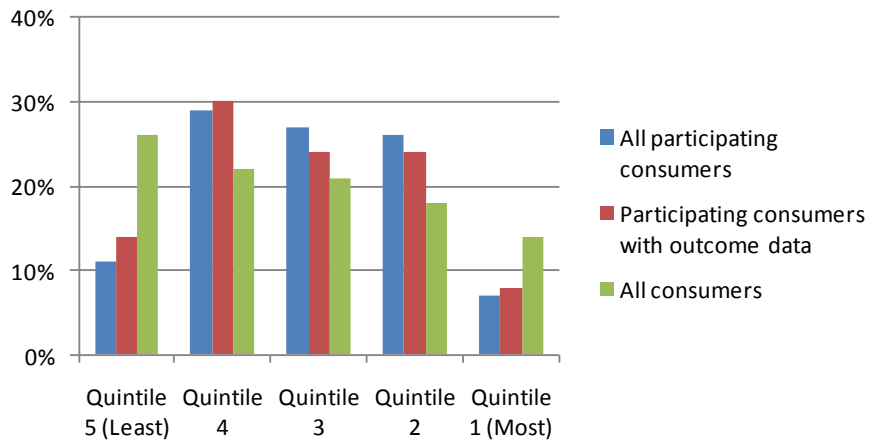
Consumers seen by clinical psychologists



Consumers seen by registered psychologists

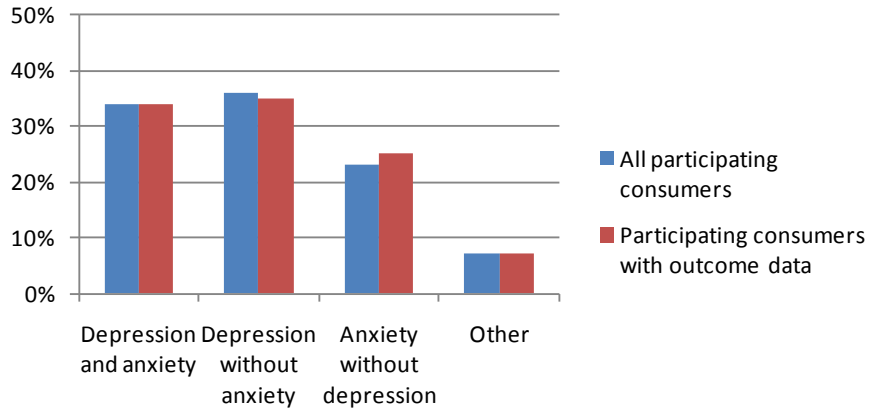


Consumers seen by GPs

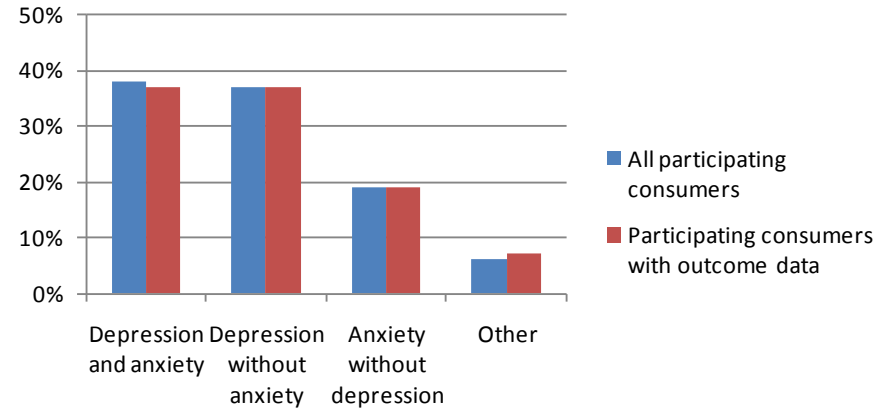


Consumers: Diagnosis

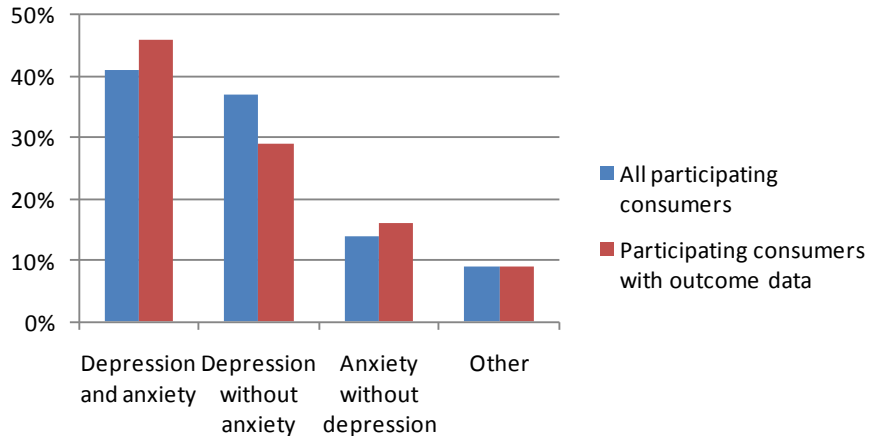
Consumers seen by clinical psychologists



Consumers seen by registered psychologists

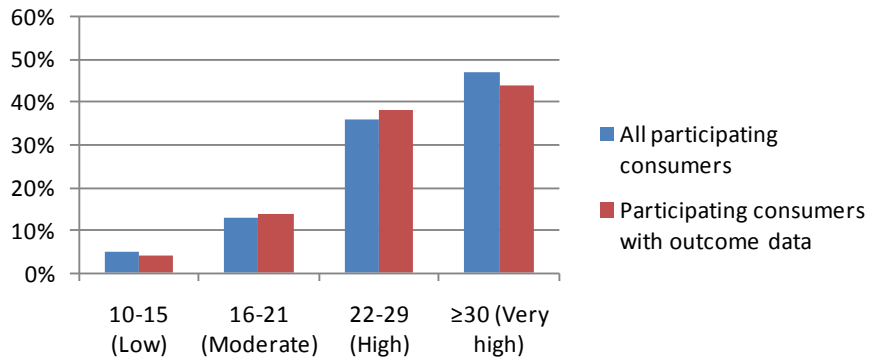


Consumers seen by GPs

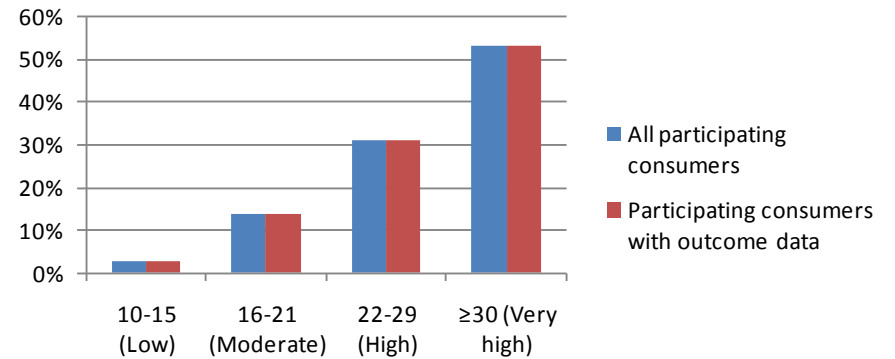


Consumers: Pre-treatment K10 score

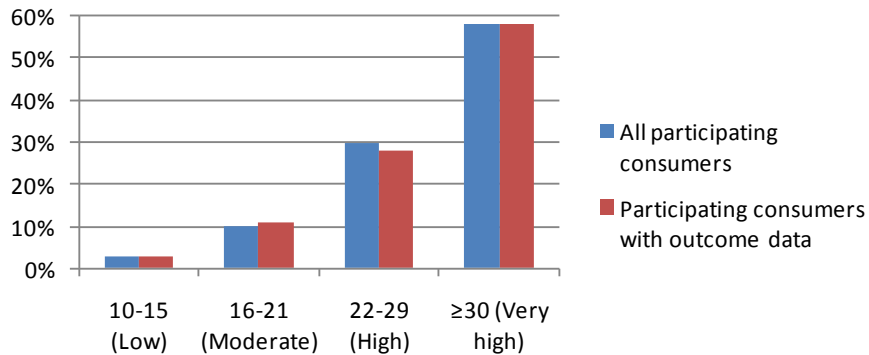
Consumers seen by clinical psychologists



Consumers seen by registered psychologists

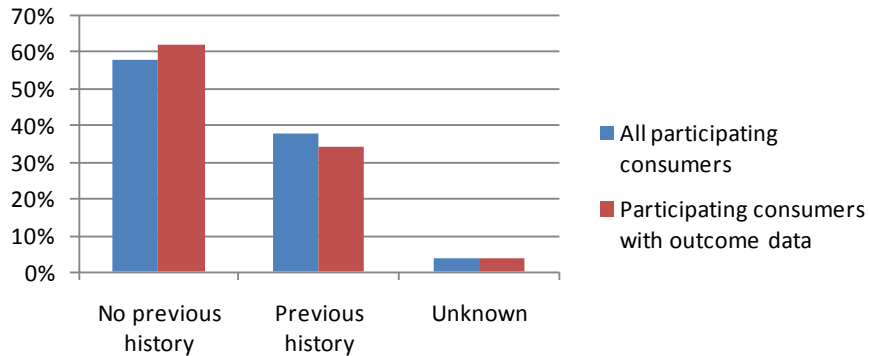


Consumers seen by GPs

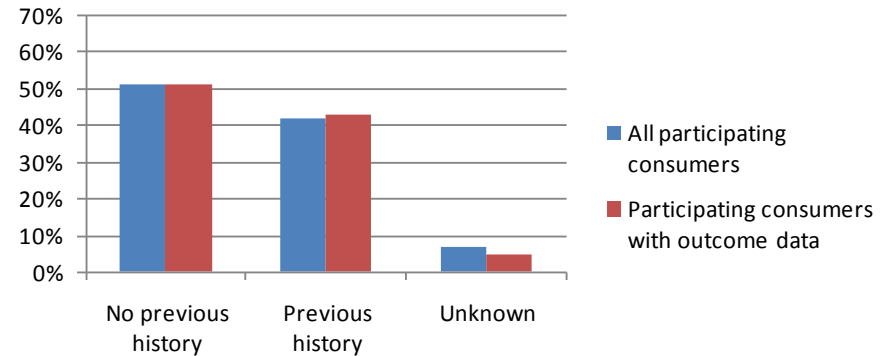


Consumers: Previous history of mental health care

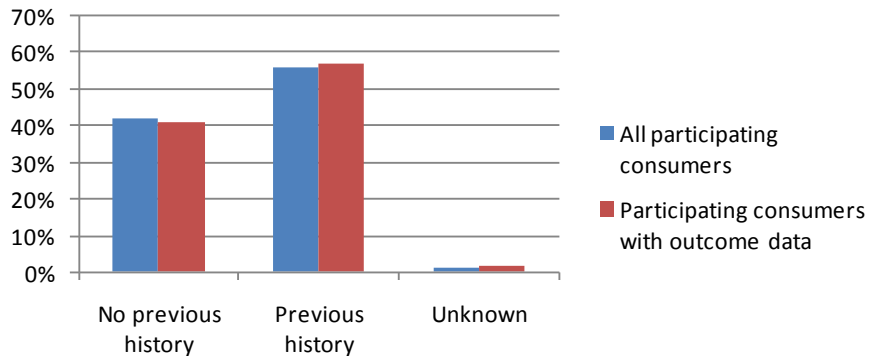
Consumers seen by clinical psychologists



Consumers seen by registered psychologists

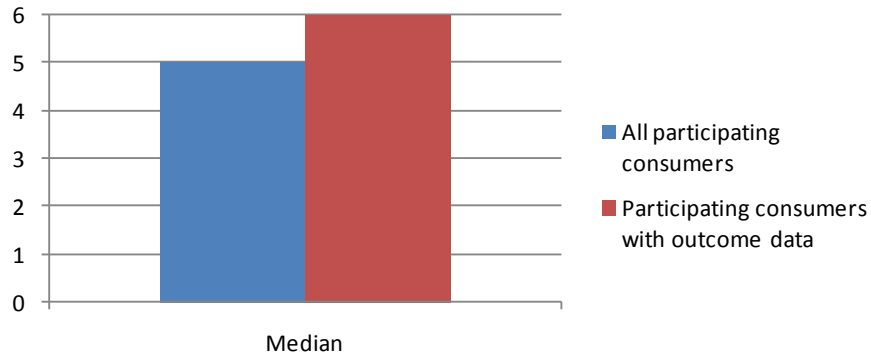


Consumers seen by GPs

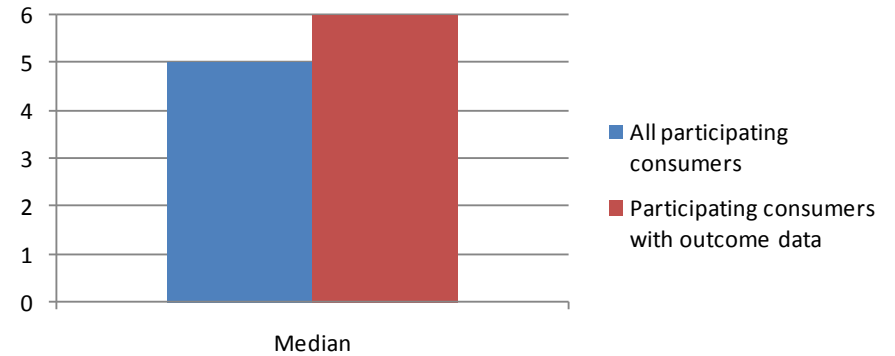


Consumers: Median number of sessions

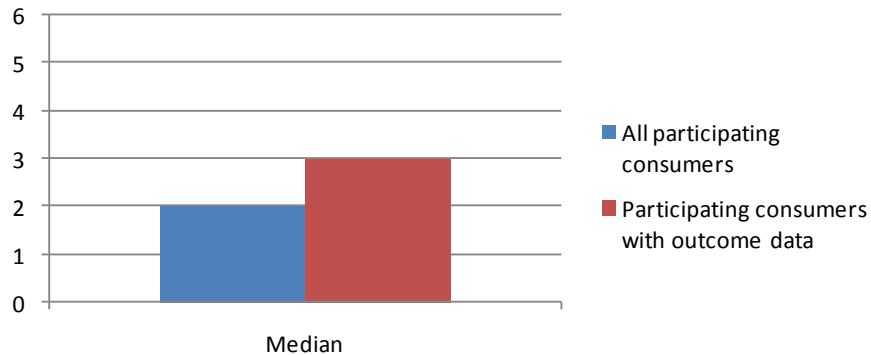
Consumers seen by clinical psychologists



Consumers seen by registered psychologists

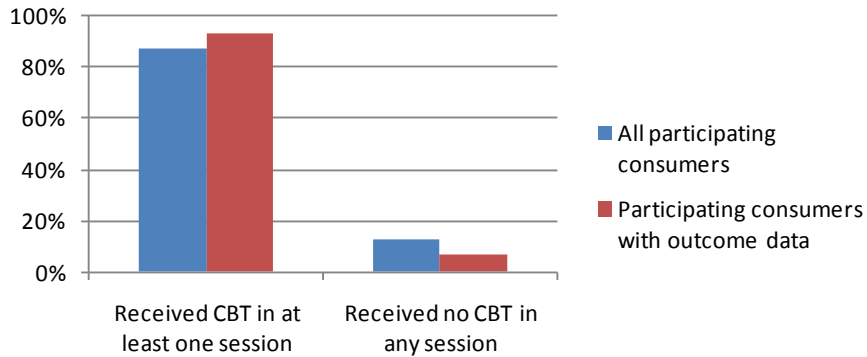


Consumers seen by GPs

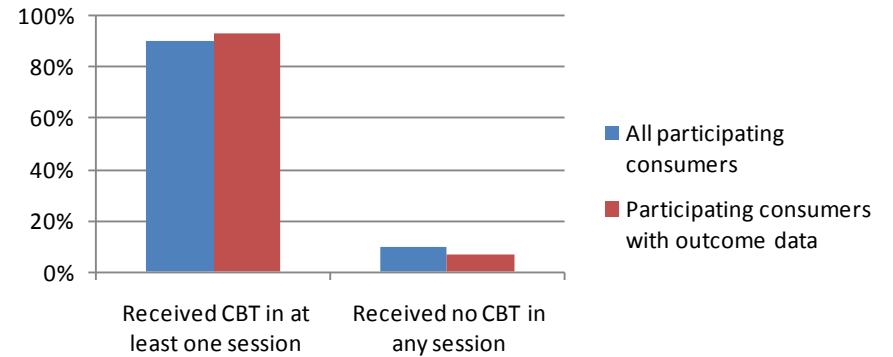


Consumers: Treatment received

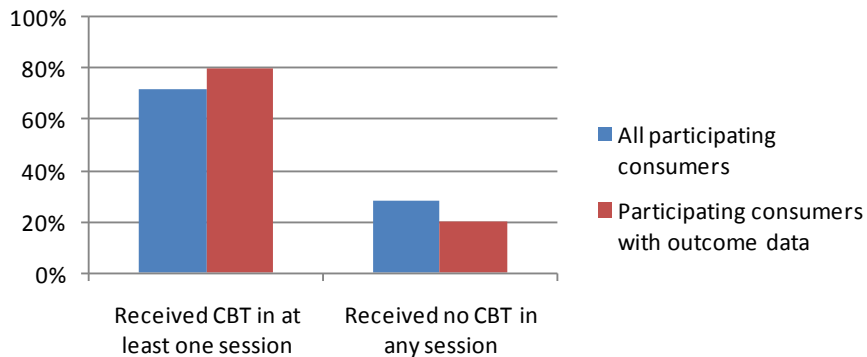
Consumers seen by clinical psychologists



Consumers seen by registered psychologists

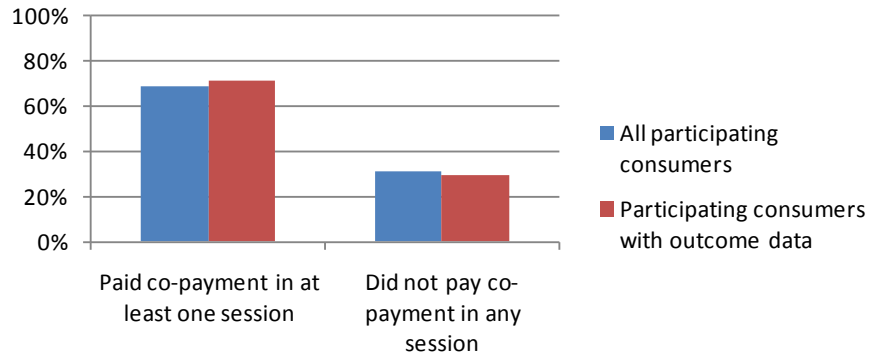


Consumers seen by GPs

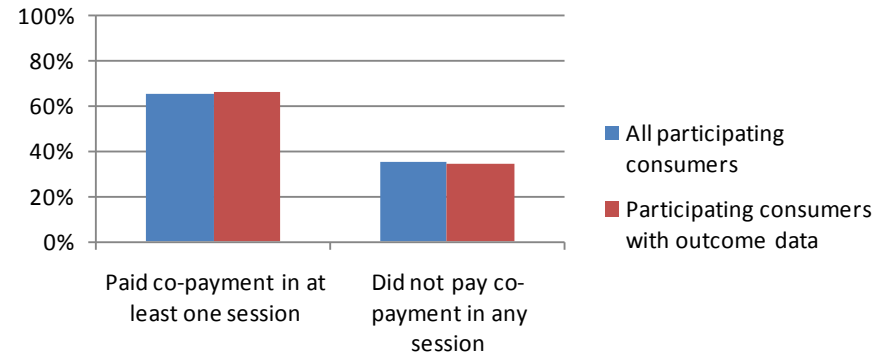


Consumers: Copayment

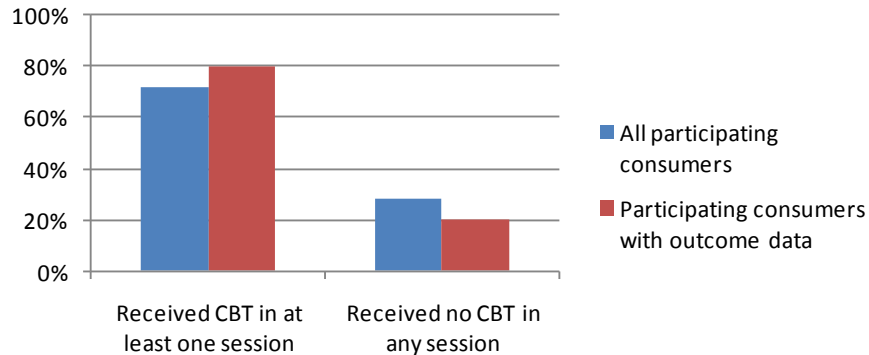
Consumers recruited by clinical psychologists



Consumers recruited by registered psychologists



Consumers recruited by GPs



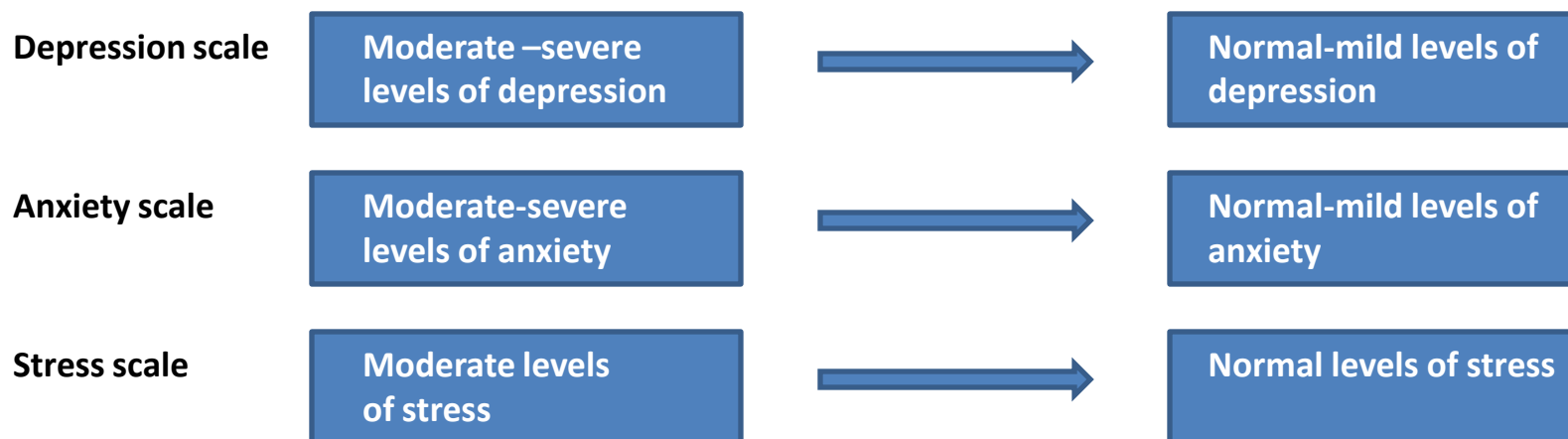
Consumers' pre- and post-treatment K-10 scores, by provider type

	Seen by clinical psychologists (n=189)	Seen by registered psychologists (n=174)	Seen by GPs (n=77)
Mean pre-treatment scores	28.63	29.44	30.89
Mean post-treatment scores	19.09	18.86	22.88



Consumers' pre- and post-treatment DASS-21 scores, by provider type

		Seen by clinical psychologists (n=205)	Seen by registered psychologists (n=204)
Depression scale	Mean pre-treatment scores	21.02	20.41
	Mean post-treatment scores	9.66	8.96
Anxiety scale	Mean pre-treatment scores	14.75	15.34
	Mean post-treatment scores	7.58	6.55
Stress scale	Mean pre-treatment scores	22.85	23.91
	Mean post-treatment scores	12.93	12.22



Providers' experiences of delivering care through Better Access (1)

- Extremely positive
- Has enabled psychologists to establish or expand private practice, and provided GPs with referral pathway not previously available
- Psychologists' caseloads have grown and GPs are seeing more people with mental health problems
- Consumers seen by these providers often have complex needs and are on low incomes, and many would not have had access to mental health care in the past
- Providers have developed mutual respect and improved collaboration
- Positive experiences with dealing with Medicare
- Varying charging policies

Providers' experiences of delivering care through Better Access (2)

- Few negative impacts
- Sometimes communication has been sub-optimal
- Some administrative issues
- Some confusion over the 'rules' of Better Access
- Some queries re. restrictions on number of sessions and forms of therapy
- Some dissatisfaction with levels of rebate

Consumers' experiences of receiving care through Better Access (1)

- Extremely positive
- Many had experienced hurdles to accessing mental health care in the past and appreciated fact that Better Access made mental health care more readily available
- Most had found the process of dealing with Medicare straightforward
- Most felt that the clinical care met their needs
- Many specifically commented on the attributes and skills of the providers they had seen, and on the usefulness of therapy they had received
- Majority indicated that they had experienced significant changes for the better in terms of their mental health and their ability to cope
- Most attributed these changes, at least in part, to the care they had received through Better Access

Consumers' experiences of receiving care through Better Access (2)

- Few complaints
- Those who did identify negative aspects tended to focus on the restricted number of sessions, or on residual difficulties with out-of-pocket payments
- Some also found the process of “opening up” about their mental health issues confronting

Conclusions

- Clinical psychologists, registered psychologists and GPs who are providing therapy under Better Access are playing an important role in meeting the community's previously unmet need for mental health care
- They are making an important contribution in terms of facilitating access to care, and offering a service that consumers appreciate
- Perhaps the most important arbiter of the success of Better Access, however, is that the therapeutic efforts of these providers are yielding significant improvements in consumers' mental health and wellbeing