

Better Access to Mental Health Care – Care plans

Summary of explanatory notes and web links

	GP Mental Health Care Plans			Consultant Psychiatrist-led Assessment and Management Mental Health Care Plans	
	GP Mental Health Care Plan #2710	GP Mental Health Care Plan Review #2712	GP Mental Health Care Consultation #2713	Referred Patient Assessment and Management Plan #291	Referred Patient Review of Assessment and Management Plan #293
Steps that must be taken to claim the Medicare item	<ul style="list-style-type: none"> • Patient assessment, including consent, relevant history, mental state examination, using an outcome measurement tool if appropriate • Diagnosis, including associated risk and any co-morbidities • Preparation of a care plan, including discussing assessment, referral and treatment options with the client, agreeing goals and patient actions, providing psycho-education, planning for crisis intervention and/or relapse prevention, arranging referrals, treatment, and support services and documenting this in the client's plan 	<ul style="list-style-type: none"> • Recording the client's consent • Reviewing progress against goals outlined in the client's care plan • Modifying the care plan, if required • Checking, reinforcing and expanding education • Re-administering outcome measurement tool (if appropriate) 	Consultation of at least 20 minutes, including: <ul style="list-style-type: none"> • taking relevant history and identifying presenting problems • providing treatment, advice and/or referral for other services • documenting outcomes in patient record and relevant mental health plan (where applicable) 	Consultation of at least 45 minutes, at which: <ul style="list-style-type: none"> • an outcome tool is used where appropriate • a mental state examination is conducted • a psychiatric diagnosis is made • the consultant psychiatrist decides that the patient can be appropriately managed by the referring GP without the need for ongoing treatment by the psychiatrist • a 12-month management plan, appropriate to the diagnosis, is provided to the referring GP • the diagnosis and management plan is explained and provided, unless clinically inappropriate, to the patient and/or the carer (with the client's agreement) • the diagnosis and management plan is communicated in writing to the referring GP within 2 weeks 	Consultation of at least 30 minutes but less than 45 minutes for a patient for whom a #291 has been provided, at which: <ul style="list-style-type: none"> • an outcome tool is used where appropriate • a mental state examination is conducted • a psychiatric diagnosis is made • the management plan provided under #291 is reviewed/ revised • the reviewed management plan is explained and provided, unless clinically inappropriate, to the patient and/or the carer (with the client's agreement) • the reviewed management plan is communicated in writing to the referring GP within 2 weeks
Medicare rules relating to frequency of service	A new plan should not be prepared unless clinically required, and generally not within 12 months of a previous plan, unless needed due to exceptional circumstances (a significant change in the client's clinical conditions or care circumstances)	Initial review 4–24 weeks after initial care plan, and second review 3 months after the first – flexible according to patient needs	Nil	May be claimed once only for each eligible client. In circumstances in which the psychiatrist is not sure in the initial consultation whether the patient is eligible for a management plan, it is appropriate to bill other items and use #291 later if the patient is eligible	Once per patient for any 12-month period
Role of the GP	All consultations must be rendered by the GP			Refer a patient to these services; receive written report and continue to provide overall management of the client's mental health care	
Roles that can be performed by practice nurses (PNs) or Aboriginal health workers (AHWs) on behalf of and under the supervision of the GP	A specialist mental health nurse, other allied health practitioner or Aboriginal Health Worker with appropriate mental health qualifications and training may provide general assistance to GPs in provision of mental health care			Assistance to the GP in coordination of services	
Main information web link	www.health.gov.au/internet/main/publishing.nsf/Content/health-pcd-gp-mental-health-care-medicare				

All information is current as at September 2008. Health professionals intending to use these items should refer to the Medicare Benefits Schedule (MBS) book for more comprehensive information, including the MBS requirements for each item. Alternatively, they can search for specific items at www9.health.gov.au/mbs or telephone Medicare Australia on 03 9605 7964 or contact the local Division of General Practice.