Better Outcomes or Better Access — which was better for mental health care?

To the Editor: Harrison and colleagues present data which confirm that inequitable distribution of mental health care is increasing under the Better Access program.[1] They discount our promotion of the central role of general practitioners in the more restricted Better Outcomes program[2] and our advocacy for GPs to resume those key activities despite lack of support under the Better Access program.[3]

The fatal decision that accompanied the transition to Better Access was to remove the GP payment for managing a completed episode of care. In response to GP advocacy, it was replaced with an enhanced payment for a one-off management plan and referral to an allied health practitioner ("glorified referrers").

A progress report on the National Action Plan for Mental Health 2006–2011 shows that, from 1997 to 2007 (as reported by consumers), visits to GPs only for mental health care fell (14% to 10% of services) while visits to mental health professionals rose (12% to 22%).[4] Since November 2006, GPs have written almost 3.8 million Mental Health Treatment Plans, but only 1.4 million of these have been reviewed.[5] Consequently, the downgrading of payment for making these plans was inevitable.

The Better Access program is still booming, costing over $50 million per month. If these increases in Medicare-driven patterns continue, the community is entitled to ask: (i) who is centrally responsible for coordinating and managing these common episodes of mental health care? and (ii) who cares about the increasing inequities in service provision?

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> "Since November 2006, GPs have written almost 3.8 million Mental Health Treatment Plans, but only 1.4 million of these have been reviewed"
>
> Rosenberg et al

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1 Harrison CM, Britt HC, Charles J. Better Outcomes or Better Access — which was better for mental health care? *Med J Aust* 2012; 197: 170-172.

2 Hickie IB, Pirkis JE, Blashki GA, et al. General practitioners' response to depression and anxiety in the Australian community: a preliminary analysis. *Med J Aust* 2004; 181 (7 Suppl): S15-S20.

3 Rosenberg S, Hickie I. How to tackle a giant: creating a genuine evaluation of the Better Access Program. *Australas Psychiatry* 2010; 18: 496-502.

4 Mental Health Standing Committee of the Standing Council on Health. Council of Australian Governments National Action Plan for Mental Health 2006–2011: fourth progress report covering implementation to 2009–10. CITY: Standing Council on Health, 2012. http://www.coag.gov.au/sites/default/files/NAP%20on%20Mental%20Health%20-%20Fourth%20Progress%20Report.pdf (accessed Oct 2012).

5 Medicare Australia. Medicare item reports (search for items 2700, 2701, 2702, 2710, 2715 and 2717). https://www.medicareaustralia.gov.au/statistics/mbs_item.shtml (accessed Nov 2012). ❑

In reply: We share Rosenberg and Hickie's belief that general practitioners should play a central role in mental health care. We showed with Bettering the Evaluation and Care of Health (BEACH) data that GPs have played this role in both Better Outcomes and Better Access.[1]

Rosenberg and Hickie rely on administrative data to make inferences about clinical practice. They assume that GPs not claiming review items means they have washed their hands of patients' mental health care. On the contrary, BEACH data show that GPs continue to see patients and actively manage their mental health. They prepare and claim GP mental health care plans to ensure patient access to psychologists. However, claiming the review item is not required for a GP to continue caring for a patient's mental health.

Responding to Rosenberg and Hickie's questions: (i) GPs are responsible for the holistic care of patients, either solely or in collaboration with other health professionals from all fields (be they psychologists, cardiologists or urologists), and (ii) inequity in service provision needs to be addressed, but our study showed similar levels of inequity in Better Outcomes and Better Access.

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1 Harrison CM, Britt HC, Charles J. Better Outcomes or Better Access — which was better for mental health care? *Med J Aust* 2012; 197: 170-172. ❑