



FACT SHEET FOR PATIENTS

Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access) initiative

The *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access)* initiative aims to improve outcomes for people with a clinically diagnosed mental disorder through evidence based treatment. Under this initiative, Medicare rebates are available to patients for selected mental health services provided by general practitioners (GPs), psychiatrists, psychologists (clinical and registered) and eligible social workers and occupational therapists.

What Medicare services can be provided under the Better Access initiative?

Medicare rebates are available for up to ten individual and ten group allied mental health services per calendar year to patients with an assessed mental disorder who are referred by:

- A GP managing the patient under a GP Mental Health Treatment Plan
- Under a referred psychiatrist assessment and management plan
- A psychiatrist or paediatrician

Mental health services under this initiative include psychological assessment and therapy services provided by clinical psychologists, and focussed psychological strategies services provided by appropriately qualified GPs and eligible psychologists, social workers and occupational therapists.

Psychiatrists and paediatricians are able to directly refer patients with mental disorders for Medicare rebateable allied mental health services.

Health Professionals are free to determine their own fees for the professional services they provide. Charges in excess of the Medicare rebate are the responsibility of the patient.

What are the eligibility requirements?

The Better Access initiative is available to patients with an assessed mental disorder who would benefit from a structured approach to the management of their treatment needs.

Mental disorder is a term used to describe a range of clinically diagnosable disorders that significantly interfere with an individual's cognitive, emotional or social abilities. Dementia, delirium, tobacco use disorder and mental retardation are not regarded as mental disorders for the purposes of this initiative.

How can I access these services under Medicare?

STEP 1

Visit your GP who will assess whether you have a mental disorder and whether the preparation of a GP Mental Health Treatment Plan is appropriate for you, given your health care needs and circumstances. If you are diagnosed as having a mental disorder, your GP may either prepare a GP Mental Health Treatment Plan, or refer you to a psychiatrist who may prepare a psychiatrist assessment and management plan.

Alternatively, your GP may refer you to a psychiatrist or paediatrician who, once an assessment and diagnosis is in place, can directly refer you to allied mental health services. Whether a patient is eligible to access allied mental health services is essentially a matter for your treating health practitioner to determine, using their clinical judgement and taking into account both the eligibility criterion and the general guidance.

STEP 2

You can be referred for certain Medicare rebateable allied mental health services once you have:

- A GP Mental Health Treatment Plan in place; or
- Are being managed by a health practitioner under a referred psychiatrist assessment and management plan; or
- Been referred by a psychiatrist or paediatrician.

Your GP, psychiatrist or paediatrician can initially refer you for a course of treatment up to six individual and six group allied mental health services, which may comprise of psychological assessment and therapy by a clinical psychologist or focussed psychological strategies by an allied mental health professional. It is at the clinical discretion of your referring practitioner as to the number of allied mental health services you will be referred for (to a maximum of six in any one referral).

All patients require a current Mental Health Treatment Plan (MHTP) in place to claim a rebate for Better Access services from Medicare. A MHTP may be provided to the allied mental health provider with the referral. A MHTP does not expire. A referral is valid until the referred number of sessions have been completed, regardless of whether a patient chooses to change their allied mental health provider.

STEP 3

Depending on your health care needs, following the initial course of treatment, (a maximum of six services but may be less depending on your clinical need), you can return to your GP, psychiatrist or

paediatrician and obtain a new referral to obtain an additional four sessions to a maximum of ten individual and ten group services per calendar year.

Whether you have a clinical need to access the additional allied health services that attract a rebate is a decision for your treating health practitioner, taking into account the written report received from the allied mental health professional at the completion of a course of treatment. At this time, a review of your GP Mental Health Treatment Plan, or psychiatric assessment and management plan where relevant, may also be undertaken if the clinical needs of the patient have changed. These plans, however, do not expire and a review is therefore not a requirement for accessing the additional sessions.

A new referral stating the number of additional services is required.

If you require more than 10 services in a calendar year, talk to your GP and/or treating practitioner about other options available, including services available through Primary Health Networks. To find your local PHN and what services may be available in your region, go to www.health.gov.au/phn and use the map locator to search for your postcode.

Changes to the Better Access Initiative

From 1 November 2017, eligible patients with a Mental Health Treatment Plan are able to claim rebates for video consultations through the Medicare Benefits Schedule 'Better Access to Psychiatrists, Psychologists and General Practitioners' (Better Access) initiative. The changes announced allow up to seven of ten Better Access mental health consultations to be provided through online channels, with one of the first four sessions required to be delivered through a face-to-face consultation. Relevant services can be delivered by clinical psychologists, registered psychologists, occupational therapists and social workers.

Better Access Telehealth items allow patients to access services from a location that is convenient to them, including their home – as long as they are located in an eligible rural, remote or very remote location (i.e. Monash Modified Model areas 4-7) and not within 15 kilometres by road from their treating professional. To find out if a location is in an eligible area MMM4 - 7, visit Health's Doctor Connect website at: http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/MMM_locator

Further information

Further information on the Better Access initiative is available on the Health website at www.health.gov.au and by searching for Better Access in the search bar.

Information regarding eligibility, claiming and payment processes can be obtained from Medicare Australia on 132 011 or at www.medicareaustralia.gov.au.