Consumers Health Forum of Australia

SUBMISSION

CHF Response to the Report from the Psychiatry Clinical Committee

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Consumers Health Forum of Australia 2019
CHF Response to the Report from the Psychiatry Clinical Committee

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Introduction

The Consumers Health Forum of Australia (CHF) is the national peak body representing the diverse interests of Australian healthcare consumers and those with an interest in health consumer affairs. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems. We are pleased to respond to this Report from the Psychiatry Clinical Committee.

Our positions are developed through consultations, research, and events like the Thought Leadership Roundtables involving consumers, health care providers, policy experts, academics and people in government. Further information about us and our publications can be found on our website, www.chf.org.au.

Thirty years following the creation of Medicare Benefits Scheme (MBS), a review is long overdue. CHF members believe that this review and a commitment to the regular evaluation of Medicare items is essential to maintaining a world class health system and ensuring that funding is available for high value care.

General Comments

In March this year CHF undertook a consumer survey on mental health services to hear from people with lived experiences about how the current health service system works for them. In that survey we asked about people's experience of care, from a system integration and patient centred perspective and asked for ideas about how it could be improved

We used the results of this survey to inform our submission to the Productivity Commission's Inquiry into mental health services[1]. The results from that survey echoed the evidence from a plethora of other reports on mental health service provision that there is a need to improve access to services and provide more choice. We agree that more needs to be done to help people access services closer to where they live and to make those services affordable.

CHF wants to see a service environment that helps reduce health inequities and helps people get the care they need when they need it. We support the development of stepped care models as a way of facilitating that and ensuring valuable and scarce resources are used to the best effect.

[1] CHF 2019 Response to the Productivity Commission Issues Paper for "the Social and Economic Benefits of Improving Mental Health"

Response to the Recommendations

Key Recommendations:

CHF has no comment on Recommendation 1

Recommendation 2 – deliver telehealth consultations to regional and remote patients

Recommendation 3 – new items to provide telehealth consultations to patients in major cities

Recommendation 4 – continue arrangements for consultations via the phone in regional and remote areas

CHF supports these recommendations.

CHF believes that telehealth services for many conditions, not just mental health, should be expanded. Telehealth services offer efficiencies for mental health professionals and maximise the time psychiatrists can spend with patients as opposed to travelling. This provides better access. Consumers benefit from shorter waiting times and increased convenience, in some cases it makes the difference between a timely appointment and not having one at all. If we want to ensure the right care at the right time, then telehealth is an important part of the service continuum.

And while telehealth is often associated with service provision to rural and remote areas, some consumers in urban areas will also have difficulty attending face to face appointments for a variety of reasons. The addition of a new item will provide the necessary flexibility for consumers and in some cases will support people to seek care.

CHF supports changing item 288 to a set of time tiered items to reflect the different levels of care required for patients at different points of care. However, we are concerned about the potential for a change in the rebate to lead to greater out of pocket costs for consumers. We therefore support a review of any new telehealth arrangements after 12 months to understand the impact on access and cost for consumers.

The review of new telehealth items should also include an evaluation of consumer satisfaction with the services using the Patient Recorded Experience (PREM) and Outcome (PROM) measures.

CHF also supports the continuation of phone consultations for consumers in regional and remote areas. Consumers in these areas have limited access to mental health care and should be able to access psychiatry consultations without needing to travel significant distances to access care in major centres, which often involves a significant cost for the consumer.

Recommendation 5 – remove stigma associated with the listing of specific complex and severe disorders

CHF supports this recommendation.

In our survey of mental health lived experience consumers told us that stigma and discrimination are often experienced and have significant impacts on their ability to engage fully with society.

Responses to the survey raised consistently and clearly the issue of real and perceived stigma and discrimination. Many called for more to be done to educate the community, workplaces, government and financial institutions about the realities of living with mental ill-health, understanding trauma, and how to accommodate sensitivity for people's mental health into 'business as usual'.

CHF agrees that the inclusion of specific mental health disorders in this item descriptor can be stigmatising for some consumers, particularly those trying to re-join the workforce. We therefore support this recommendation so that treatment is not compromised by stigmatisation and treatment does not have flow on negative consequences for other aspects of the consumer's life.

CHF has no comment on Recommendation 6

Recommendation 7 – greater flexibility to allow for non-patient interviews

CHF supports this recommendation.

Families and care givers tell us of their frustration at not being consulted and listened to about the treatment options for the person they are caring for. Removing items 348 and 350 and replacing them with time tiered items to complement item 352 is designed to address that concern as they provide a range of options for clinicians to consult with people other than the patient. It is apparent that the current items are underutilised, and the proposed changes will encourage clinicians to engage families and care givers more often in the person's care. This recognises the key role families/care givers play in providing support and care and that they can be a valuable source of information about the patient.

The descriptors for any new items need to include provisions for informed consent.

CHF has no comment on Recommendations 8 and 9

Recommendation 10 – case conferencing

CHF supports this recommendation.

The current mental health care system puts the needs of providers and funders in front of the needs of consumers, resulting in a mental health care system that is difficult to navigate, lacks integration and requires significant work by consumers and carers to coordinate their own care.

CHF believes that mental health services need to be more integrated to create an environment where comprehensive, multidisciplinary and coordinated service delivery by a team of providers is the outcome.

Additionally, in our submission to the Productivity Commission Inquiry we look closely at the needs of people with comorbidities of chronic disease and mental health disorders. We note that there is an interrelationship between the two although causality is not always clear. What we do know is that people need services that address both their physical and mental illnesses and that the two should not be conflated.

The changes suggested under this recommendation recognise that people may need GP, nursing and allied health services under a team care arrangement in addition to services under a mental health treatment plan. We believe this change will benefit many people. We also support the inclusion of explicit provisions to allow clinicians to attend case conferencing via telephone or videoconference arrangements so that organising and participating in a case conference is not prohibitively difficult.

Finally, we support the Specialist and Consultant Physician Consultation Clinical Committee's (SCPCCC) proposal requiring mandatory patient (or delegate) invitation to participate in a case conference about their care. This is crucial to ensuring consumers are fully informed and are supported to be active participants and managers of their own care where possible.