

## ACCESS TO ALLIED HEALTH SERVICES PILOTS EVALUATION

### ***Better outcomes in mental health care initiative: the context***

Most people with a mental disorder who seek help from a health professional, seek help from their general practitioner rather than from a specialist mental health professional. In recognition of this, the Commonwealth is supporting general practitioners to build a strong system of primary mental health care through the *Better outcomes in mental health care* initiative, which was announced in the 2001 Budget. The initiative will improve the community's access to primary mental health services by providing better education and training for general practitioners and more support for them from allied health professionals and psychiatrists. It encourages evidence-based practice in primary mental health care and recognizes that good practice in mental health includes both pharmacological and non-pharmacological interventions.

The Access to Allied Health Services component of the *Better outcomes in mental health care* initiative is designed to provide those GPs who are registered for the *Better outcomes in mental health care* initiative with the Health Insurance Commission, support from allied health professionals in treating people with a mental health disorder.

For the purpose of the initiative, allied health professionals have been defined to include the disciplines of occupational therapy, social work, mental health nursing, psychology and Aboriginal and Torres Strait Islander health work. The services that can be purchased are defined time-limited evidence-based focussed psychological strategies.

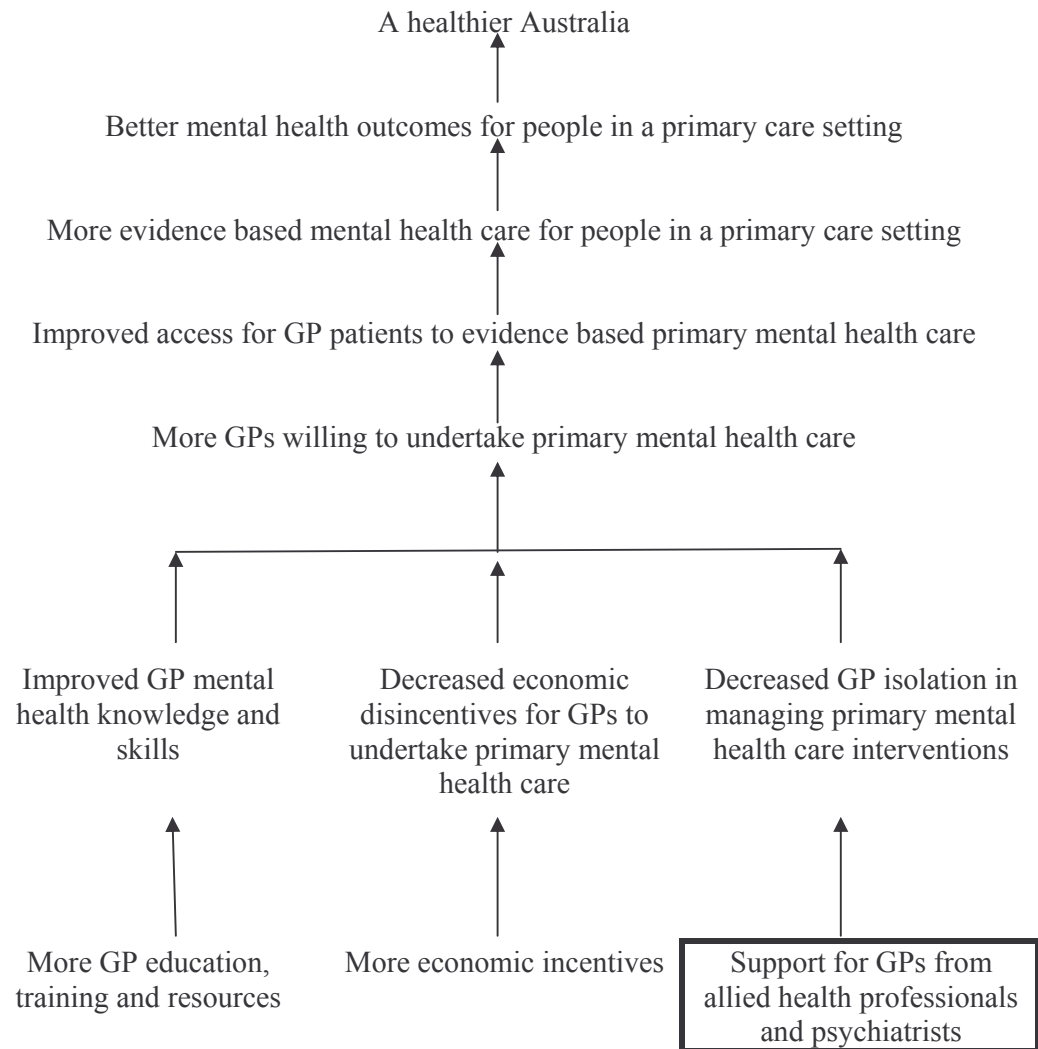
The 2002-2003 funding for the Access to Allied Health Services component of the *Better outcomes in mental health care* initiative is being rolled out initially through sixteen pilot projects. Divisions of General Practice will act as fundholders for these projects and a range of models of service provision are being implemented.

### **Evaluation framework for the *Better outcomes in mental health care* initiative**

Evaluation of the *Better outcomes in mental health care* initiative will be conducted under a national evaluation framework, auspiced by the Evaluation Working Group (EWG) of the Better Outcomes Implementation Advisory Group (IAG). The IAG, chaired by Professor Ian Hickie, includes key stakeholder groups and provides advice to the Department of Health and Ageing on implementation of the initiative. The national evaluation will comprise a multi level evaluation of key components identified in the national evaluation framework - one key component already identified is the Access to Allied Health Services pilots.

The following outcomes hierarchy for the national evaluation framework represents the thinking that underpins the national evaluation framework:

**OUTCOMES HIERARCHY FOR THE *BETTER OUTCOMES IN MENTAL HEALTH CARE* INITIATIVE**



The box highlighted at the bottom right of the Outcomes Hierarchy for the National Evaluation Framework demonstrates how evaluation of the Access to Allied Health Services component contributes to the national evaluation framework.

## **Evaluation of the Access to Allied Health Services Pilots**

Evaluation of the Access to Allied Health Services Pilots will occur through two processes:

1. individual local project evaluations; and
2. aggregated data from each project, which will be compiled to provide national trends and learnings across projects.

The purpose of evaluation of the pilots is

1. to improve the effectiveness of the Access to Allied Health Services component of the *Better outcomes in mental health care* initiative; and
2. to inform the broader national evaluation of the initiative, including the appropriateness of the Access to Allied Health Services component.

Whilst it is recognized that each pilot will have individual issues they wish to include in their evaluation, key questions that pilots have been asked to address in local evaluations are:

1. Does the allied health model result in a more integrated primary care system?
2. What are the most cost-effective models for purchasing allied health services in different geographical locations?
3. What are the infrastructure costs required to support the different models for purchasing allied health services?
4. Are Divisions of General Practice able to act as fund holders for the purchase of the allied health services?
5. Do the specific allied health services available need to be different for Aboriginal and Torres Strait Islander and trans-cultural populations?
6. What are the most effective locations for the delivery of the allied health services and how does the location affect outcomes for consumers and the partnership between the GP and the allied health provider?
7. Do the specific allied health services available result in improved health outcomes for people with a mental disorder who have been referred by their GP?
8. Can computer based therapy and other self help models of treatment result in improved health outcomes for people with a mental disorder who have been referred by their GP?
9. What are the most effective models for referring people with a mental disorder to allied health professionals?

These key questions were identified in the original Request for Submission documentation and have not been amended. It is recognised that not all questions will be relevant to all pilots - for example: not all pilots are targeting indigenous communities or people of culturally and linguistically diverse backgrounds and not all pilots are including computer-based therapy. However it is expected that all pilots will include evaluation on all relevant key questions. There is no required format to address these questions.

In addition to addressing key questions, all pilots are asked to provide specific data to

be aggregated across all pilots. A consultant will be contracted to:

- develop a data base that can aggregate the data required from each project;
- provide updates on the trends and learnings from the aggregated data and from the qualitative and quantitative findings of individual pilot evaluations; and
- provide support to all pilots who wish to have additional input on the design of their project evaluation.

The required data to be aggregated nationally will include:

1. *Socio-economic data on referral*

- year of birth
- gender
- referral date
- does the person speak a language other than English at home
- is the person a low income earner (pension, benefit, or Health Care Card)
- postcode for the GP practice

2. *Clinical data on referral*

- ICD-10 Chapter V PHC Version diagnosis/es and/or formulation/s
- diagnosis and/or formulation to be addressed by the allied health referral
- medication prescribed for the diagnosis to be addressed by the referral
- purpose of the referral – assessment/treatment/both assessment and treatment
- residential postcode for the patient

3. *Clinical data from allied health professional*

- date of service
- group or individual service
- duration of session eg 45 mins/1 hour
- type of FPS provided
- co payment – collected: if so, how much/not relevant

4. *Divisions information*

- number of GPs in the Division in FTEs
- number of GPs attending Familiarisation Training
- number of GPs registered with the HIC for the 3 Step Mental Health Process (if known)
- number of GPs involved in the Access to Allied Health Services Pilot
- is peer support focusing on mental health issues available to GPs

For the Access to Allied Health Pilots there is no additional outcome measurement tool that is required to be administered, other than that required for the 3 Step Mental Health Process. Pilots have the discretion to include an assessment and/or outcome measurement tool specific for their evaluation.

**Program Logic for the Access to Allied Health Services Pilots**  
 (read from the bottom up)

Outcomes	Examples of Options for Measurement
<ul style="list-style-type: none"> <li>• Healthier Australia</li> <li>• Better mental health outcomes in primary care</li> </ul>	<ul style="list-style-type: none"> <li>• Patient adherence to treatment (PBS trends in second scripts filled)</li> <li>• 3 step mental health process outcome measures where AHP FPS is provided</li> <li>• Patient perceptions via survey/focus groups</li> </ul>
<ul style="list-style-type: none"> <li>• More evidence based primary mental health care</li> </ul>	<ul style="list-style-type: none"> <li>• Participating GPs skills and knowledge increases</li> <li>• Survey of participating GPs confidence levels</li> <li>• Increasing demand for referrals for FPS</li> </ul>
<ul style="list-style-type: none"> <li>• Improved access to evidence based primary mental health care</li> </ul>	<ul style="list-style-type: none"> <li>• Cost effective models of allied health services are developed</li> <li>• Referrals to allied health FPS are increasingly more appropriate</li> <li>• Patient survey of perceptions</li> <li>• GP survey of perceptions</li> </ul>
<ul style="list-style-type: none"> <li>• More GPs willing to undertake primary mental health care</li> </ul>	<ul style="list-style-type: none"> <li>• Participating GP survey indicates reduced perception of isolation and increased feeling of support</li> </ul>
<ul style="list-style-type: none"> <li>• GPs are satisfied</li> </ul>	<ul style="list-style-type: none"> <li>• Participating GP survey</li> <li>• Retention rates of GPs</li> <li>• Uptake rates of GPs (rural/remote/metrop)</li> </ul>
<ul style="list-style-type: none"> <li>• AHPs are satisfied</li> </ul>	<ul style="list-style-type: none"> <li>• AHP survey</li> <li>• Retention rates of AHP</li> </ul>
<ul style="list-style-type: none"> <li>• Patients are satisfied</li> </ul>	<ul style="list-style-type: none"> <li>• Patient survey</li> <li>• Variable such as age/gender differences identified</li> </ul>
<ul style="list-style-type: none"> <li>• FPS services are timely</li> </ul>	<ul style="list-style-type: none"> <li>• Waiting times to access services</li> <li>• Unmet needs</li> </ul>

<p><b>Outputs</b></p> <ul style="list-style-type: none"> <li>• FPS services provided</li> </ul>	<ul style="list-style-type: none"> <li>• Number of FPS attendances</li> <li>• Type of FPS provided</li> <li>• Number of DNA</li> <li>• ICD 10 category leading to FPS referral</li> <li>• Numbers of group Vs individual services</li> <li>• Collection rates of co-payment as relevant</li> </ul>
<p><b>Inputs/processes</b></p> <ul style="list-style-type: none"> <li>• GPs refer to Allied Health professionals for FPS</li> <li>• Allied health professionals employed/contracted</li> <li>• GPs agree to participate in pilot</li> <li>• GPs undertake required education and training</li> <li>• Staff, admin resources and budget</li> </ul>	<ul style="list-style-type: none"> <li>• Number of referrals for allied health FPS</li> <li>• Number and type of allied health professionals</li> <li>• Number of GPs in Division in FTEs</li> <li>• Number of GPs involved in Access to Allied Health Services component</li> <li>• Number of GPs attending Familiarisation Training</li> <li>• Number of GPs registered with HIC for 3 Step MH Process</li> <li>• amount of budget provided</li> </ul>