

Attachment 2

Australian Medical Association

MBS Changes – GP Survey

AN ASSESSMENT OF THE IMPACT OF 2011/12 BUDGET CUTS TO MEDICARE FUNDING FOR GP MENTAL HEALTH SERVICES

July 2011

Conducted for:

**Australian Medical Association
P.O. BOX 6090
Kingston
ACT 2604**



Conducted by:

Essential Research
15-31 Pelham St, Carlton Couth
VIC 3053

Executive Summary

The followings are key findings from the online poll of 763 GPs about the changes to the Medicare Benefits Schedule (MBS) announced in the 2011/12 Federal Budget, that will reduce the level of Medicare rebates payable to patients who need GP mental health services:

What is the current situation?

- 80% of GPs had undertaken the additional mental health training required under MBS arrangements to utilise the GP Mental Health Treatment Plan item number 2710.
- For the two existing GP Mental Health Treatment Plan item numbers being 2702 (42%) and 2710 (47%), GPs were overall more likely to select 30-40 minutes as being the average face-to-face time associated with the relevant consultation item.
- In relation to item number 2710, which is the most commonly used of the two GP mental health planning items, 77% of GPs advised that they spent in excess of 30 minutes face-to-face with patients. The overall average face-to-face time spent with patients for this item number was 35 minutes.
- In addition to face-to-face consultation time with patients, GPs also spend significant time undertaking non face-to-face work. For example, it would appear that in relation to the preparation of a GP Mental Health Treatment Plan (item number 2710) it involves an average of 35 minutes face-to-face time with patients along with a further 17 minutes of non face-to-face work. This takes the average total time involved in the preparation of a plan to 52 minutes.
- For all of the current Medicare items for GP mental health services, the majority of GPs stated that 80-100% of patients were bulk-billed, meaning that most patients do not currently face out of pocket costs for these services.
- Bulk billing appears to be more prevalent in regional and rural areas.

What impact will the Government's funding cuts have when they come into effect on 1 November?

- It appears likely that up to 50% of GPs will be forced to maintain their current fee and charge patients a gap, whereas many patients currently face no out of pocket costs.
- It appears likely that up to 28% of GPs will stop utilising Medicare GP Mental Health Treatment items.
- 85% of GPs think that the Budget cuts will reduce patient access to mental health services.
- 58% of GPs think that the Budget cuts will lead them to spend less time with patients with mental health problems.
- 540 GPs took the time to provide comments and the vast majority of these were very critical of the Government's decision to cut Medicare rebates for GP mental health services and the impact this will have on patients' access to services.

Contents

Executive Summary	2
1.0 Introduction	4
2.0 Survey Methodology	5
3.0 Survey Reliability	6
4.0 Summary of Results	7
4.1 Additional Training	7
4.2 Face-to-Face Time	8
4.4 Bulk Billing	12
4.5 MBS Items per Week	13
4.6 GP Billing Practices	14
4.7 Patient Access to Mental Health Services	16
4.8 Location of Practice	18
4.9 Comments	19

1.0 Introduction

This report summarises the results of a online poll of GP's about the changes to the Medicare Benefits Schedule (MBS) announced in the 2011/12 Federal Budget that reduce the rebate payable to patients who need GP mental health services.

The purpose of this research was to:

- assess GP awareness of federal government cuts to the MBS patient rebates for GP Mental Health services.
- get feedback about GPs' expectations of the impact of these cuts.
- assess the likelihood of changes to patients' access to these services.
- determine the extent to which patients might face increased out of pocket costs.

2.0 Survey Methodology

The survey was constructed by the AMA, in consultation with Essential Research.

The survey was hosted by Essential Research using QuestionPro software.

The survey was in the field from June 15th to 8th July 2011.

The survey was completed by 763 respondents.

The survey was started 1023 times.

The survey was viewed 1275 times.

SPSS software and Microsoft Excel were used to analyse and present the data.

Open-ended comments were permitted and these developed into a theme.

Current Medicare Item numbers for GP Mental Health Services

Item description:

- Item 2702: Preparation by a medical practitioner who has not undertaken mental health skills training in preparing for a “GP Mental Health Treatment Plan”.
- Item 2710: Preparation by a medical practitioner who has undertaken mental health skills training in preparing for a “GP Mental Health Treatment Plan”.
- Item 2712: Reviewing a GP Mental Health Treatment Plan.
- Item 2713: GP Mental Health Treatment Consultation.

3.0 Survey Reliability

Properly constructed sample surveys can provide results that are described as statistically reliable. The level of statistical reliability is dependent upon the sample size and (except where it is extremely small) the size of the population has no practical effect.

A survey that has 1000 respondents will provide results that are – at the 95% confidence level – subject to a sampling variation of between 2% and 3% at the total response level. Sub-samples, because of their smaller size, will exhibit larger sampling variances. The following table shows the sampling variances at the 95% confidence level for a range of sample sizes and response levels.

Sample Size	Variation where the answer is near the percentage of				
	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
100	6%	8%	9%	9%	10%
200	4%	5%	6%	7%	7%
300	3%	5%	5%	6%	6%
400	3%	4%	4%	5%	5%
500	3%	4%	4%	4%	4%
600	2%	3%	4%	4%	4%
700	2%	3%	3%	4%	4%
800	2%	3%	3%	3%	3%
900	2%	3%	3%	3%	3%
1000	2%	3%	3%	3%	3%

Overall the confidence level was set as 95%. In this report where variation in sub-samples is statistically significant a comment has been made.

For the purposes of simplicity we have rounded percentages to the nearest whole number. This may result in some percentage totals being 99% or 101%.

4.0 Summary of Results

4.1 Additional Training

Question *Have you undertaken the additional mental health training required under MBS arrangements to bill at the higher rebate level?*

	Total
Yes	80%
No	18%
I plan to in the next month	2%



Figure 1: *Have you undertaken the additional mental health training required under MBS arrangements to bill at the higher rebate level?*

Key points:

- 80% of GPs had already undertaken the additional mental health training required under MBS arrangements to utilise the GP Mental Health Treatment Plan item 2710, which offers a higher rebate for patients.
- There was very little difference based on the location of the GPs' practice – although those in rural (21%) areas were a little more likely to state that they had not yet completed the additional training

4.2 Face-to-Face Time

Question For each of the GP mental health MBS items, please estimate the average face-to-face time associated with the consultation item?

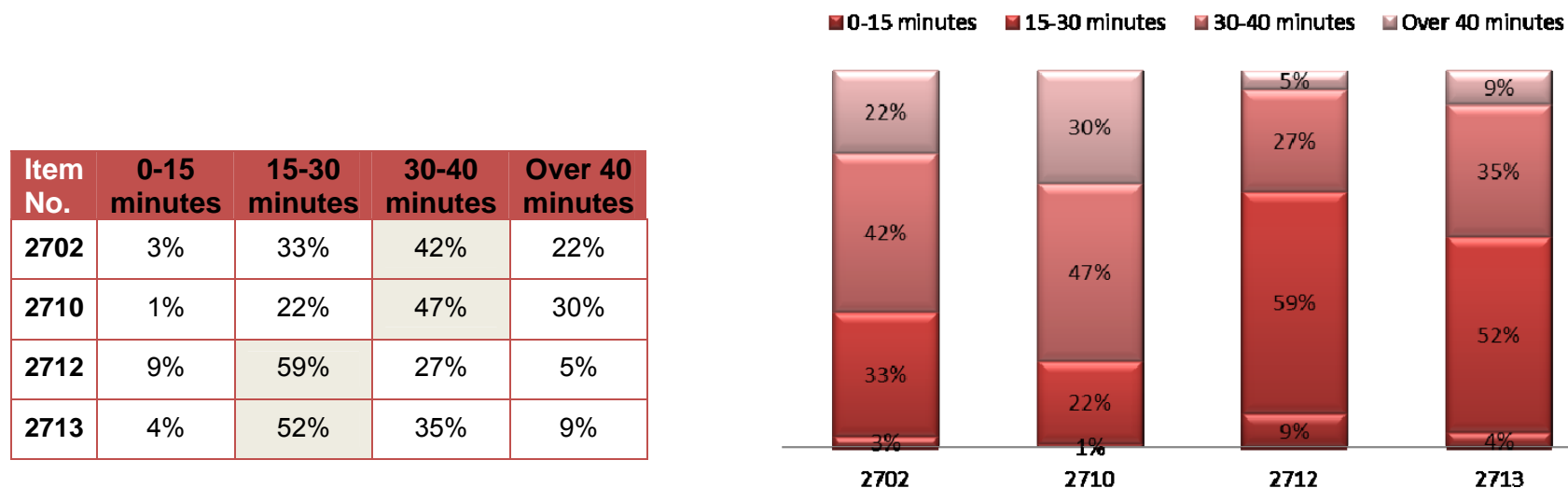


Figure 2: For each of the GP mental health MBS items, please estimate the average face-to-face time associated with the consultation item.

Key points

- For items 2702 (42%) and 2710 (47%), respondents were overall more likely to select 30-40 minutes as being the average face-to-face time. Indeed, in relation to item 2710, which is the most commonly used of the two GP mental health planning items, 77% of respondents advised that they spent in excess of 30 minutes face-to-face with patients.
- For items 2712 (59%) and 2713 (52%) respondents were more likely to select 15-30 minutes.

Item	Face-to-face		
	Average minutes spent on consultation		
	TOTAL	Have completed training	Have not completed training
2702	32	N/A	32
2710	35	35	N/A
2712	26	27	23
2713	28	28	28

Please note: these figures were calculated using the midpoint for each range. For the 40+ category a time of 45 minutes was estimated. These figures were calculated after those respondents who stated none/NA were removed. Respondents who plan to undertake training within the next month were not included as the sample was too small.

- The table above shows that respondents who had undertaken the training, on average, spent more time with patients for each item except for item 2713.

Using the midpoint for each range, the average time spent on items were; 32 minutes for item 2702, 35 minutes for item 2710, 26 minutes for item 2712 and 28 minutes for item 2713.

4.3 Non Face-to-Face Time

Question For each of the GP mental health MBS items, please estimate the average non face-to-face time associated with the consultation item?

Item No.	0-15 minutes	15-30 minutes	30-40 minutes	Over 40 minutes
2702	51%	35%	11%	3%
2710	51%	37%	9%	3%
2712	71%	23%	4%	1%
2713	74%	21%	4%	2%

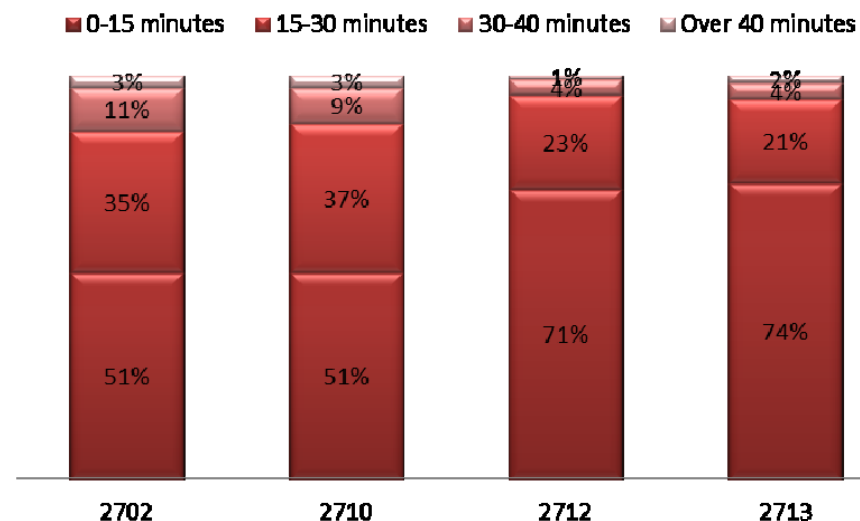


Figure 3: For each of the GP mental health MBS items, please estimate the average non face-to-face time associated with the consultation item.

Key Points

- For each of the above items, GPs were more likely to select 0-15 minutes with 51% selecting this option for item 2702, 51% for item 2710, 71% for item 2712 and 74% for item 2713.
- The results indicated that in addition to face-to-face consultation time with patients, GPs also spend significant time undertaking non face-to-face work. For example, it would appear that in relation to the preparation of a GP Mental Health Treatment Plan (item number 2710), it involves an average of 35 minutes face-to-face time with patients along with a further 17 minutes of non face-to-face work. This takes the average total time involved in the preparation of a plan to 52 minutes.

Item	Non face-to-face		
	Average minutes spent on consultation		
	TOTAL	Have completed training	Have not completed training
2702	18	N/A	18
2710	17	17	N/A
2712	13	13	13
2713	13	12	14

Please note: these figures were calculated using the midpoint for each range. For the 40+ category a time of 45 minutes was estimated. These figures were calculated after those respondents who stated none/NA were removed. Respondents who plan to undertake training within the next month were not included as the sample was too small.

- The table above shows that in terms of non face-to-face time there was little difference between those that have completed the training and those that have not.

4.4 Bulk Billing

Question For each of the GP mental health MBS items, please estimate the per cent bulk-billed?

Item No.	Less than 20%	20-40%	40-60%	60-80%	80-100%
2702	6%	1%	4%	6%	83%
2710	4%	3%	5%	7%	81%
2712	5%	4%	5%	8%	79%
2713	6%	4%	8%	12%	69%

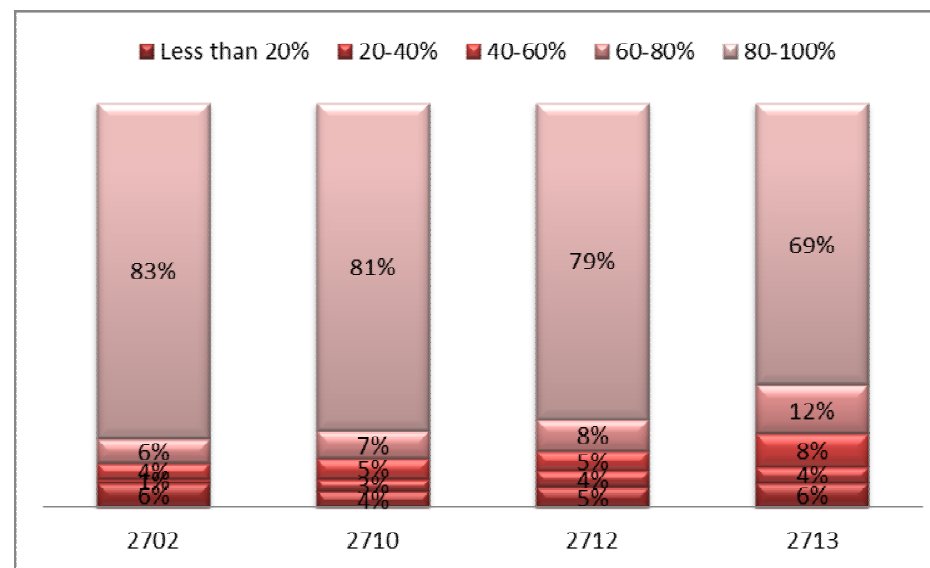


Figure 4: For each of the GP mental health MBS items, please estimate the per cent bulk-billed

Key points

- For all of the current Medicare items for GP mental health services, the majority of GPs stated that 80-100% of patients were bulk-billed, meaning that most patients do not currently face out of pocket costs for these services.
- The data (not reported here), also suggested that bulk billing is more prevalent in regional and rural areas.

4.5 MBS Items per Week

Question: For each of the GP mental health MBS items, please estimate the average number of services per week?

Item No.	Less than 5	5-10	10-20	20-50	50-100	100+
2702	85%	11%	3%	-	<1%	<1%
2710	78%	18%	3%	<1%	<1%	<1%
2712	81%	15%	3%	1%	<1%	<1%
2713	55%	26%	14%	5%	<1%	<1%

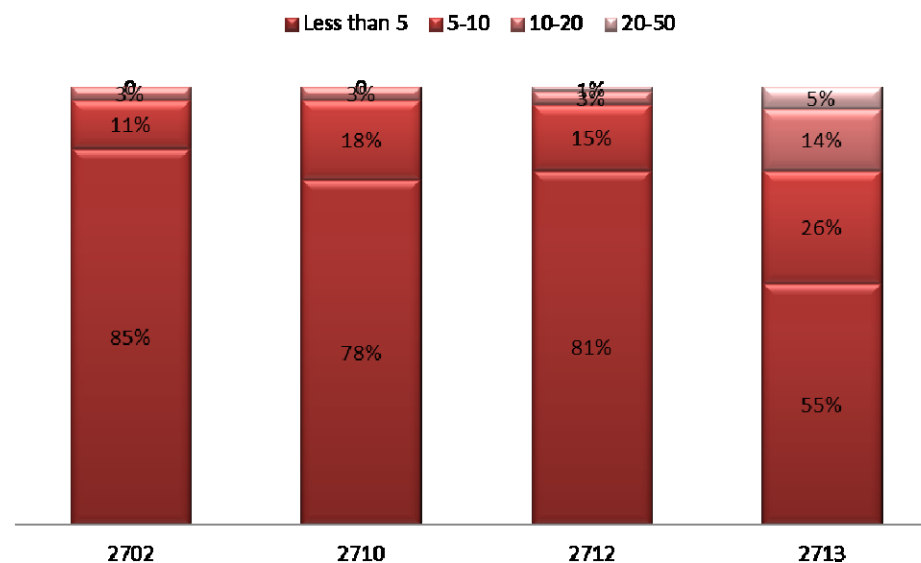


Figure 5: For each of the GP mental health MBS items, please estimate the average number of services per week?

Key points

- For each of the item 2702 (85%), 2710 (78%), 2712 (81%) and 2713 (55%) most GPs estimated that they had less than 5 services each week.
- The data (not reported here) showed there was very little difference across GPs based on the location of their practice for any of items 2702, 2710, 2712 or 2713.

4.6 GP Billing Practices

Question *In response to the cuts to the MBS rebates for GP Mental Health Treatment items, will you:*

	No	Yes	Definitely not	Probably not	Not sure	Probably yes	Definitely yes
Maintain your current fee and be forced to charge patients a gap?	31%	50%	10%	21%	19%	30%	20%
Lower your fees to bring them in line with the Government's new GP Mental Health Treatment rebate structure?	57%	25%	35%	22%	19%	19%	6%
Stop billing GP Mental Health Treatment items?	51%	28%	23%	28%	20%	23%	5%

Key points

- It appears likely that up to 50% of GPs will be forced to maintain their current fee and charge patients a gap, noting that the responses to section 4.4 indicated that many patients currently face no out of pocket costs.
- It appears likely that no more than 25% of GPs will lower their fees to bring them in line with the Government's new Medicare rebate structure for GP mental health services.
- It appears likely that up to 28% of GPs will stop utilising Medicare GP Mental Health Treatment items.

Question In response to the cuts to the MBS rebates for GP Mental Health Treatment items, will you:

		Inner Metro	Outer Metro	Regional	Rural	Remote
Maintain your current fee and be forced to charge patients a gap	Definitely not	7%	10%	12%	13%	14%
	Probably not	16%	22%	21%	28%	7%
	Not sure	19%	20%	21%	13%	21%
	Probably yes	32%	29%	27%	31%	29%
	Definitely yes	25%	20%	19%	15%	29%
Lower your fees to bring them in line with the Governments new GP Mental Health Treatment rebate structure	Definitely not	35%	34%	34%	40%	43%
	Probably not	23%	24%	23%	14%	14%
	Not sure	20%	19%	16%	16%	36%
	Probably yes	17%	20%	16%	24%	-
	Definitely yes	5%	3%	10%	7%	7%
Stop billing GP Mental Health Treatment items	Definitely not	27%	20%	26%	19%	21%
	Probably not	27%	28%	26%	35%	-
	Not sure	22%	23%	17%	16%	21%
	Probably yes	19%	23%	26%	26%	50%
	Definitely yes	5%	5%	4%	5%	7%

Key points:

- There was little significant difference across the responses of GPs based on the location of their practice, which suggests that the impact of the changes will be felt across the whole community.

4.7 Patient Access to Mental Health Services

Question *In response to the cuts to the MBS rebates for GP Mental Health Treatment items*

	No	Yes	Definitely not	Probably not	Not sure	Probably yes	Definitely yes
Do you think the Budget cuts will reduce patient access to mental health services?	8%	85%	2%	6%	7%	27%	58%
Do you think the Budget cuts will lead you to spend less time with patients with mental health problems?	32%	58%	11%	21%	10%	28%	30%

Key points:

- 85% of GPs think that the Budget cuts will reduce patient access to mental health services.
- 58% of GPs think that the Budget cuts will lead them to spend less time with patients with mental health problems

Question *In response to the cuts to the MBS rebates for GP Mental Health Treatment items, will you:*

		Inner Metro	Outer Metro	Regional	Rural	Remote
Do you think the Budget cuts will reduce patient access to mental health services	Definitely not	1%	*	3%	2%	7%
	Probably not	5%	8%	9%	2%	7%
	Not sure	7%	5%	9%	7%	21%
	Probably yes	30%	25%	21%	30%	21%
	Definitely yes	57%	61%	58%	59%	43%
Do you think the Budget cuts will lead you to spend less time with patients with mental health problems	Definitely not	10%	12%	14%	10%	14%
	Probably not	23%	19%	19%	20%	14%
	Not sure	9%	10%	10%	10%	14%
	Probably yes	27%	31%	26%	31%	7%
	Definitely yes	31%	27%	31%	29%	50%

Key points:

- There was very little difference across the respondents based on the location of their practice, which shows that the impact of the changes will be felt across the whole community.

4.8 Location of Practice

Question *To help us better analyse the results of this survey, how would you describe where your practice is located?*

	Total
Inner Metro	35%
Outer Metro	30%
Regional	18%
Rural	15%
Remote	2%

4.9 Comments

We asked GPs if they would like to comment on the Government's changes, and 540 took this opportunity. The vast majority of comments indicate enormous concern among GPs at the Government's cuts and the impact on patients' access to services. The following comments illustrate the general theme of the feedback.

- Yet another example of unilateral changes from this government without any consultation. They are incredibly arrogant and driven by ideology rather than any common sense.
- Do you feel angry? YES"
- Will probably pass more patients straight into public health system.
- I guess I will just go back to subsidising the Government as I do not think I can in all conscience let my patients suffer.
- I only started doing 2710s etc because finally the Government was offering some support for the ongoing care in mental health that all GPs do and have done for many years.
- Why is it that successful programs are the ones to get the boot? Given the mental health of this country, I would have expected the Feds to put more, not less, into the problem. It seems that we should be doing a bulk MHP for the Labor Party. They're MAD!!!
- Whoever is responsible for these changes, leave those of us who care without a voice = I WILL BE TAKING THIS MESSAGE TO THE PATIENTS, as they are the ones mainly effected, and the policy makers should be ashamed!!!
- When practice costs/time and skill are taken into account I think the new payments are completely unfair. The mental health consult not related to a plan has also been cut. I will probably charge a 36 instead and the patients will have a gap. GPs do more mental health than anyone else treating lots of the depressed/anxious who do not want to see a psychologist anyway.
- What the government doesn't realise is the expertise that is taken to deliver these consultations. The consultations are generally of demanding and complex nature, which is not measured by a single consultation time. There are generally consultations leading up to this mental health care plan that have not been adequately remunerated and require considerable mental energy by the practitioner. Mental health is generally more demanding than removing a small skin lesion, which by Medicare standards is more generously remunerated.
- The Government is once again devaluing the service of GP's and making it a less inviting profession. In the long term patients will suffer both from a monetary stance and lack of doctors.

- What about the problem of increased load on State Hospitals from GPs being less active in Mental Health?
- We have a Mental Health Nurse and Psychologist on site. Their viability may be under threat
- Vote labour more cuts for GPs worse off mental care for patients, less choice for patients
- Very upset about these changes. I feel I am being financially penalised for having an interest in mental health and a readiness to bulk bill patients from low socio-economic groups.
- "Very short sighted move lack of insight into how most people in the community access mental health care. More acute beds wont help keep the bulk of patients seeking healthcare from GP's from going to ED - or is that the aim. If 'care plans' are done properly they take 45-60 mins, not just seen on the day and timed.
- This policy decision has the potential to significantly reduce access to care for people with a mental health problem, back to levels prior to Better Outcomes. Again government and policy makers seem completely out of touch with how much of the mental health workload GPs currently do. If GPs stopped providing this service for a week and referred everyone to the mental health service they would quickly realise the enormity of their miscalculation!
- This is an obvious and cold cost-cutting decision by the existing Government, and any postulated saving is unlikely to aid the patients that most need Better Mental health Access.
- This is a recurring theme: Gov't brings in new scheme with much fanfare but when Doctors use it, they reduce it for budgetary reasons!
- This is a disgraceful decision by the Federal Government.
- This has been one of the most valuable changes the Govt has made to encourage GP management of mental health problems. I can't believe they would be so stupid as to put the program at risk in this way.
- This change will mean that I will have to review my policy on mental health care provision which is that this should be free to the patient to reduce barriers to them accessing. I will however have to consider starting to charge something for this service.
- These rebate cuts are further confirmation that this government falsely sees GPs as without value. How it will rule this view when GPs have become extinct, which these rebate cuts are contributing to.
- These people are vulnerable and need help as there is such a delay to get into public psychology services I believe they need to be helped to access appropriate treatment. As a lot of them are socioeconomically disadvantaged there is little option. Early treatment often means less treatment is required which in fact saves health dollars.

- These changes are devastating to a GP like me on so many levels, financially, practically, spiritually, morale etc; I specialise in Mental Health with years of MH experience, with a specialist interest in Psychopharmacology of Mood Disorders, use of drugs in pregnancy and lactation, Alcohol dependence AND I work in a low socio-economic area. I am exactly the type of GP who needs support to deliver highly developed MH services to people who need them the most and cannot afford them. I feel grossly devalued, this devalues my patients and it WILL change my practice.
- General Practice should be lauded for the gaps it has filled in a Mental Health system, not punished. The DOHA should look to the State based services who cannot or will not treat patients AND to the psychologists we support, and about whom we tell our patients: 'they will charge you but you can go to Medicare for a rebate'. We are the frontline dealing with first disclosures, distress and many other behaviours: there is no time based line for stopping a suicide /and no way to charge an appropriate fee for all the time incurred acutely and afterwards.
- The issue concerns politicians trying to save money on the backs of ordinary citizens, without accepting responsibility for the consequences. This needs to be repeatedly forced on those politicians to accept individual and joint liability for losses.
- The government needs to show it is serious about providing adequate mental health services to the people. With this cut in funding, I am most certainly going to reduce or cease provision of these services. I already work 16-hour days and have enough work without performing work that is under funded.
- The 'face-to-face' aspect is the biggest problem as most of the leg work is done after the patient has gone - eg it is impossible to contact psychologists and others in front of the patient as they all work from mobile phone or email message banks. The fee cut will be got around by me charging a 20 - 40 min 2710 at \$160 (ie about an \$80 out of pocket gap). Obviously those unable to pay will then have to take their chances with the Public System Mental Health Lottery!
- The burden of mental illness is already higher in people with chronic disease, the underemployed, the young and the old. These are not the people who can simply pay more. Access to psychologists under a Mental Health Plan arrangement has been an effective mechanism that has been extremely beneficial to many. It should be extended not restricted, and of course rebate cuts will act as a disincentive to doctors already under significant time pressures. This is a retrograde step.
- The Budget cuts to mental health services, will affect my practice in the mental health field as I now feel less inclined to practice in this field as it will not sustain my income and I will focus in other fields. This will eventually have a negative impact on my mental health patients, causing them to face the backlash of this budget cut, instead of helping them. Even if this cut is sustained, I would be inclined to charge a gap on the fee to my patients, giving them less reprieve from the fees.

- Sad day for mental health patients. Will likely increase workload of hospital A+E departments and significantly increase the morbidity of mental health patients in my small community.
- Patients with mental health problems have enormous problems accessing mental health care. GPs have filled this gap for decades and will continue to do so. All the reforms will make little difference on the ground and we will continue to have to do the heavy lifting. The current government has merely demonstrated how little it understands and how little it values the only truly flexible part of our current health care system.
- Patients with mental health problems are usually brittle and emotional. Most feel that they need urgent attention. It is very hard for a doctor to try to spend less time with them. Ultimately, most consultations in relation to mental health problems are long or very long consultations.
- My practice is predominantly in mental health and substance abuse, the new policy will disadvantage an already marginalized population and increase the morbidity and mortality in the community. I strongly support any action to resist these changes.
- Most patients who utilize this programme are disadvantaged - many homeless or in unstable social settings, chaotic lifestyles, drug addicts etc. Most have co morbidity with some chronic disease and already have out-of-pocket costs - if they actually get scripts filled. They are easily the most vulnerable of my patients. Either they will suffer a reduced standard of care or I will suffer economic detriment - and unfortunately for me my altruism will force me to make a decision that penalizes the party that can most easily bear the loss i.e. me!
- I think the other issue in this debate is the long-term continuity of care that some GPs offer to patients that do not fulfil the criteria to be referred to psychologists. These patients are often not easily treated, and unable to fund their own care. They require time and care that is not offered anywhere else in the mental health system. Please also note the unique skill that is the primary care generalist approach to mental health assessment - the skill to do a 2710 should be more highly valued than it already is. As a GP I have recently had a paper accepted in an international journal (Social Science Medicine) outlining this skill set as something our medical and funding community should value more than it currently does!
- I provide extended evening clinics to enable better access for employed people. These clinics have filled with long consult mental health, drug and alcohol patient problems. I cannot agree to continuing this, paying staff more money barely breaking even. I feel abused and I would tell my patients not to work under such conditions with such inconsiderate and reprehensible circumstances. I have special training and experience in managing very complex Mental Health patients. I meet with local psychologists after hours and provide a support service to them and other GP's. We have no nearby psychiatrists and many patients cannot access any community psychiatric support services. We battle on with some of the most difficult and

challenging cases providing both counselling and medication management. The whole basis of understanding mental illness diagnosis and management demands that time be spent obtaining a good history and this takes time.

- I have completed a Master of Mental Health for GPs as I am interested in mental health treatment. I have moved to a regional area where there are no local psychiatrists and those who visit charge a fee that is beyond most of my patients' ability to pay. The MHCP Medicare rebate has allowed me to help a significant proportion of my patients as I have been able to bulk bill them for these services. Should the changes take place, I will have no choice but to start charging for my time, which I am sure will provide a block to access of mental health care. Most of my MHCP are completed at home in my own time - I have been willing to do this due to the remuneration, however will not continue to do this in the future.
- I have been delighted with the positive effects of these current item numbers and the benefit to my patients and my understanding of my patients and my ability to spend more time with them without cost to them. Cost to them will change, because financially I just can't afford to subsidize them, and I am fully aware that numerous patients will not be able to afford any gap and will thus not seek the help they require, which they so efficiently get now. This is to me the single worst decision made under Medicare since it's inception.
- I am appalled at these cuts. I spend quality time with patients for difficult intensive mental health plans and spend considerable time doing the paperwork at home.
- Labor is wasting so much money on silly 'reforms' eg the white elephant 'Medicare locals'. Then cutting it from front line services. Where is these politicians morality???"
- "As a headspace doctor this will impact the service there dramatically. Patient access to services will be limited and recruitment of staff for the proposed new sites will be extremely difficult - (above and beyond current recruitment difficulties). Having seen the difficulties recruiting staff to our existing site, I cannot expect future sites to have much success with reduced MBS fees making it financially non viable for doctors.
- Appalled that these cuts will devalue my services and deny patients access when mental health is so much in the spotlight. Expect strongest possible AMA representation on this issue. There is passionate feeling at the coalface on this issue especially in rural areas.
- Access to mental health professionals is extremely difficult in the country The Better Access program, allowing patient to access a clinical psychologist has been invaluable in delivering mental health treatment to patients who have moderate to severe mental illness, in a community setting. We receive virtually no services from the public sector, and have very limited access to private psychiatrists, who if they will not bulk bill, remain inaccessible for the bulk of patients with serious mental

health problems. As the GP it is left to me to manage the bulk of mental health patients, and a multi-disciplinary approach is central to satisfactory service delivery. The 2710 is the trigger for psychology services and effectively the cuts in the rebate, which reduces the rebate below covering costs, will devastate the availability of the Better Access program.