

Committee Secretary
Senate Standing Committees on Community Affairs
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Dear Committee Secretary

Re Barriers to consistent, timely and best practice assessment of attention deficit hyperactivity disorder (ADHD) and support services for people with ADHD.

We write to you in relation to the above inquiry, to share a proposed solution through a Pilot Program that has been developed and is awaiting funding from the WA Government.

We are a group of General Practitioners in WA, and representatives from collaborating organisations, including the RACGP WA, ADHD WA (peak ADHD Not for Profit organisation in WA) and the WA Primary Health Alliance (WAPHA).

We have jointly developed a proposal for an innovative approach to remedying paediatric and adult diagnosis and treatment access blocks. The proposal addresses the following terms of reference of the Senate Inquiry:

Senate Inquiry Terms of Reference	Addressed in project =x
(a) adequacy of access to ADHD diagnosis	x
(b) adequacy of access to supports after an ADHD assessment	x
(c) the availability, training and attitudes of treating practitioners, including workforce development options for increasing access to ADHD assessment and support services	x
(d) impact of gender bias in ADHD assessment, support services and research	
(e) access to and cost of ADHD medication, including Medicare and Pharmaceutical Benefits Scheme coverage and options to improve access to ADHD medications	x
(f) the role of the National Disability Insurance Scheme in supporting people with ADHD, with particular emphasis on the scheme's responsibility to recognise ADHD as a primary disability	
(g) the adequacy of, and interaction between, Commonwealth, state and local government services to meet the needs of people with ADHD at all life stages	x
(h) the adequacy of Commonwealth funding allocated to ADHD research	
(i) the social and economic cost of failing to provide adequate and appropriate ADHD services	x
(j) the viability of recommendations from the Australian ADHD Professionals Association's Australian evidence-based clinical practice guideline for ADHD	x
(k) international best practice for ADHD diagnosis, support services, practitioner education and cost	x
(l) any other related matters.	

The Pilot is built on the following:

1. Consensus on the significant problems with access to paediatric and adult diagnoses and follow up treatment for ADHD across WA.
2. Primary health care is well placed to deal with
 - common, continuing problems involving families,
 - chronic conditions and
 - combinations of mental, physical, social and other issues.
3. There is evidence nationally, and in WA, of a strong appetite for upskilling of GPs in current, evidence-informed ADHD care.
4. There are a range of key factors on which the proposal relies:
 - A base of interested GP and non-GP specialists, psychologists, ADHD coaches, etc, who are willing to collaborate
 - The 2022 Australian Evidence-Based Clinical Guideline for ADHD developed by the Australian ADHD Professionals Association (AADPA) and funded through the Federal Government
 - The soon-to-be-published ADHD prescribing manual (AADPA, in press)
 - Support from key organisations, including ADHD WA, WAPHA, and support from the WA Government through the Office of the Minister for Health, the Hon Amber-Jade Sanderson, MLA.
 - The pilot's intent is to utilise best practice available evidence in dealing with the access block and improve the care of mental health and neurodevelopmental conditions for all Australians.
5. Plans to access or create relevant GP-friendly training which reflects current best practice in ADHD diagnosis and treatment.
6. The intent to evaluate what is currently being done and to apply the model across WA and further afield if indicated.

This Pilot Model considers the strengths of cross-collaboration between Government and non-Government organisations, contributing their expertise and resources towards the desired outcomes of a more efficient patient journey.

The model would be further enhanced with the support of the Federal Government and as a direct response to the Senate Inquiry in addressing the gaps:

Recommendation 1

Make longer consultations no less valuable on the basis of MBS rebate per minute, compared to shorter consultations.

The current MBS rebate schedule is an impediment to doing comprehensive ADHD care in primary care. ADHD medicine involves taking a careful history, getting collateral histories, screening for other commonly occurring conditions, mental state and physical examinations, psychoeducation and shared decision-making. All of these are vital but time-consuming. Spending longer in a GP consultation is not economically viable for GPs.

Recommendation 2

Fund time spent by GPs and specialists in discussing the diagnosis and treatment of patients with ADHD with the aim of improved, more efficient and effective care.

Best practice in ADHD care includes collaboration, liaison and further upskilling. This means time spent for GPs and specialists to collaborate, time that is currently not funded. If the GP and specialist consult with the patient, the patient can only claim for a rebate from one medical practitioner.

Recommendation 3

Fund consulting time in which GP, ADHD specialist and patient discuss the diagnosis and treatment.

Best practice in GP and specialist collaboration for many patients with possible ADHD may well be ultimately more affordable and more effective for the health system.

Recommendation 4

The Federal Department of Health should fund research and capacity building to improve the health of persons and families living with ADHD.

By funding research into innovative models of community and primary care management of ADHD, the Department could dramatically increase the capacity of the health system to diagnose, treat and manage people living with ADHD.

If you wish to receive any further information on our proposal, please do not hesitate to get in touch with me.

Yours sincerely

Dr Sean Stevens

On behalf of the WA ADHD Working Group (RACGP WA, WAPHA, ADHD WA)

21 June 2023