

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2010-11, 23 February 2011

Question: E11-178

OUTCOME 11: Mental Health

Topic: MENTAL HEALTH

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) What is the model of care to be employed by Medicare Locals to ensure effective community management of mental health clients?
- b) How will Medicare Locals link up with existing community mental health services?
- c) How will the effectiveness of Medicare Locals in regards to community mental health service delivery be monitored and reported?
- d) What outcome measures will be used and how will they be collected?

Answer:

- a) Medicare Locals will be engaged as fundholders for a number of different mental health programs and will have an important role in linking and integrating local mental health services. Models of care required for each program will differ, and the mode of delivery may differ within a program, depending on the age of the individual requiring service, the type of condition and its severity. The model of care used by each Medicare Local is also anticipated to be affected by local conditions and needs.
- b) According to the Guidelines for the Establishment and Initial Operation of Medicare Locals, Medicare Locals are expected to perform the following functions for primary care, which includes mental health:
 - i work to make the health system function seamlessly for patients, through links with Local Hospital Networks, so that primary health care is a part of an integrated health system;
 - ii establish processes to engage effectively with patients, clinicians, Local Hospital Networks, local Lead Clinician Groups, once established, and other stakeholders to identify and remedy service gaps and breakdowns in service integration and coordination;
 - iii work with patients and the local clinical community to develop, monitor and maintain high patient care standards and integrated and coordinated clinical pathways to improve access to services, including after-hours services and telehealth services, provided in the most appropriate setting, and connectedness between services in the local area; and
 - iv improve patient awareness of the availability of services by maintaining and ensuring access to relevant and current service directories.

- c) Monitoring and reporting requirements will depend on individual program requirements. This will be negotiated with each Medicare Local as part of the funding process.
- d) Outcome measures will vary, depending on individual program requirements.