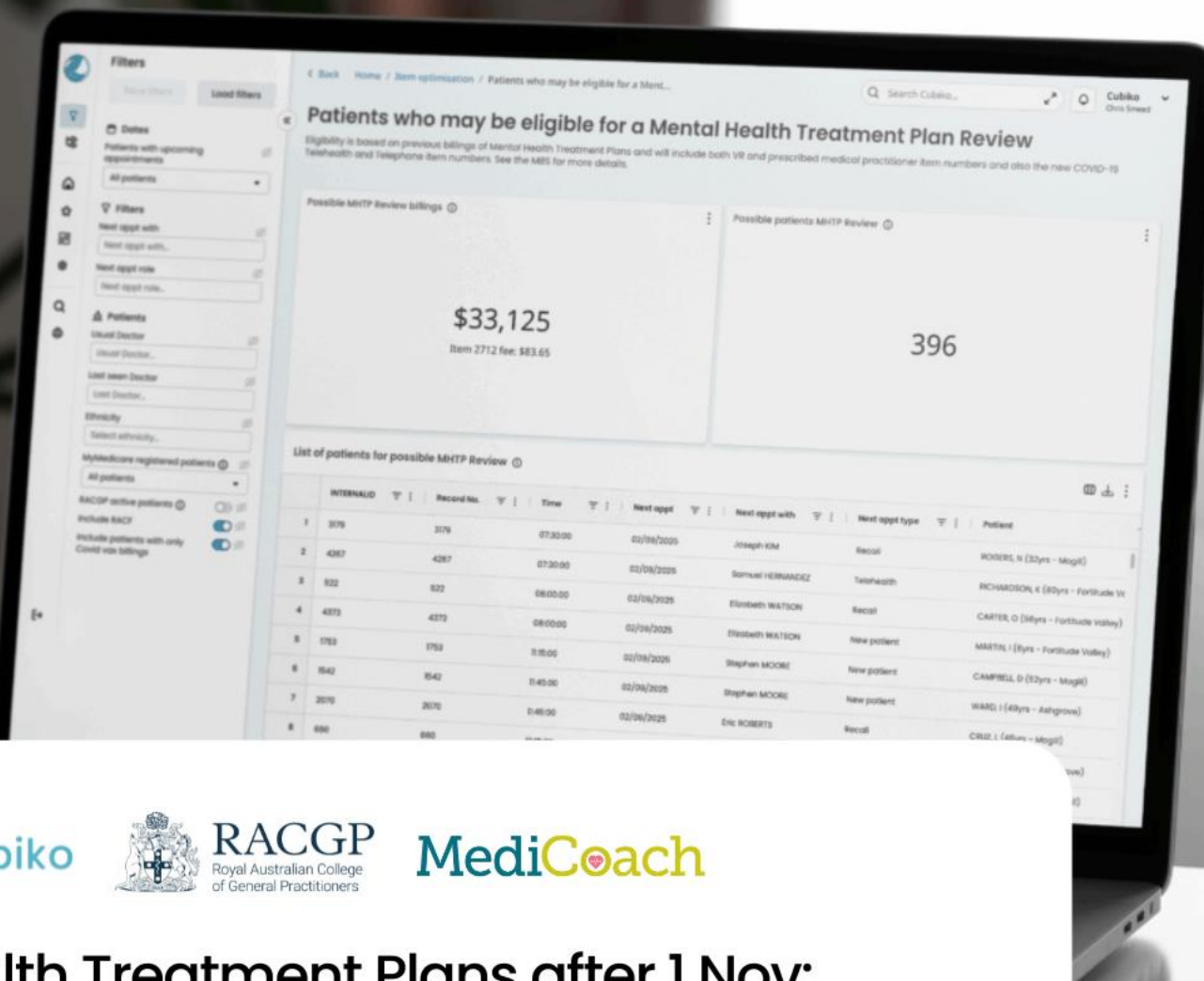




Mental Health Treatment Plans after 1 Nov: What's Changing and How to Prepare

Acknowledgement of Country

In the spirit of reconciliation, Cubiko, the RACGP and Medicoach acknowledge the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

Gaagal by Miimi and Jiinda



Housekeeping

-  This session is being recorded. A copy of the recording will be emailed to all registrants after the session.
-  This webinar is approved for RACGP CPD. Practitioners attending live and who have provided their RACGP member number will have their CPD hours automatically uploaded.
-  If you share the recording with others at your practice, and they're a practitioner they can also claim CPD for the recording by quick logging it via their RACGP CPD Home.
-  Questions? Drop them in the Q&A tab at the bottom of your screen and we'll answer them during the session. **Cubiko team are here to help.**



RACGP

Royal Australian College
of General Practitioners

Cubiko and RACGP have joined together to bring you a series of webinars in the lead up to changes to Medicare on 1 November.



Meet our presenters



Chris Smeed
CEO & Founder of Cubiko



Kim Poyner
Founder & Director of
MediCoach



Dr Toby Gardner
RACGP Tasmania Chair and
Board Member



Who is this webinar for?

This session is for practices providing mental health care to patients. It's relevant for all team members, from GPs and PMPs through to nurses, admin and practice managers.

What today's session will cover

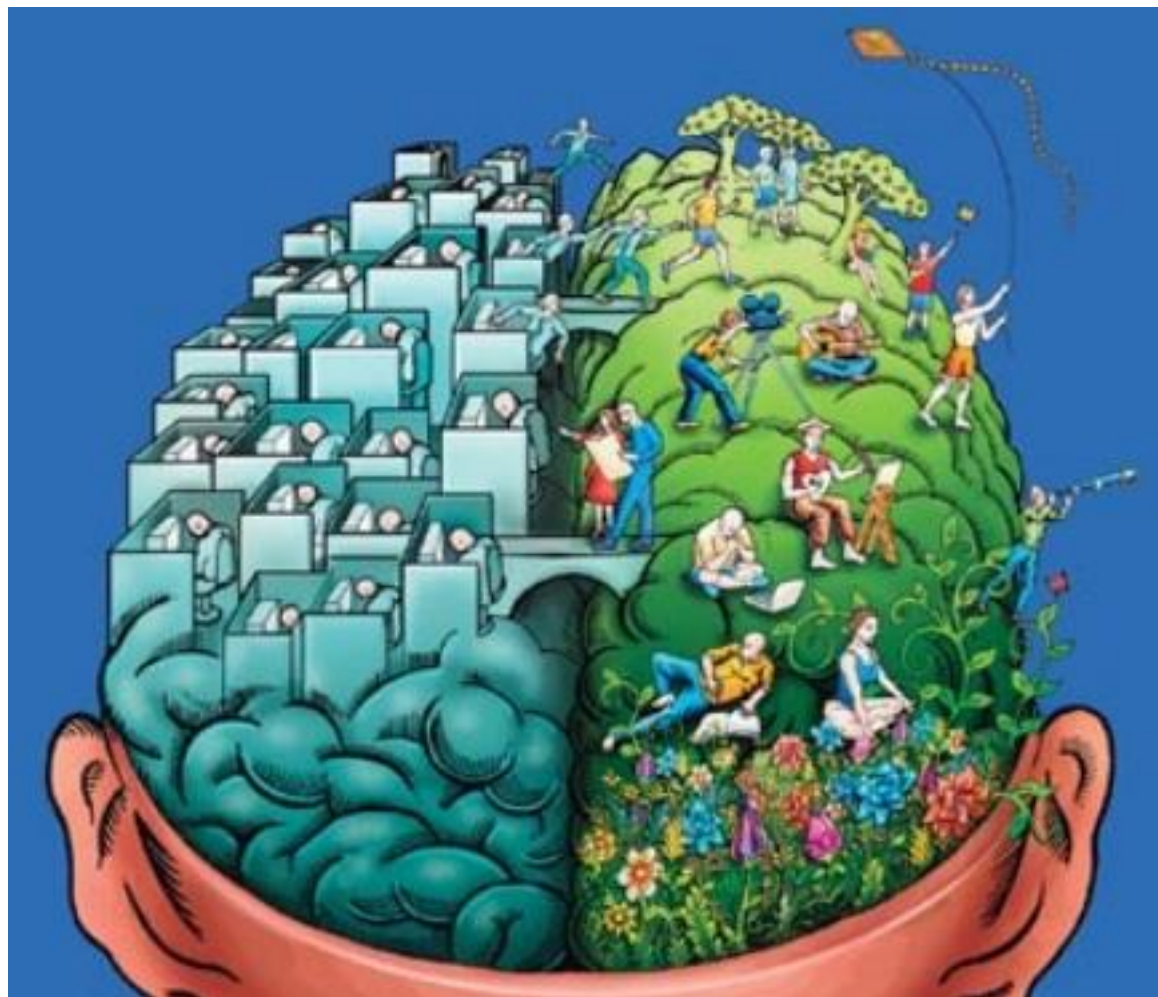
 Better Access initiative and the upcoming changes

 Billing and consult structure for business sustainability

 Delivering MHTPs end to end

 Whole team approach to MHTPs

 Monitoring and continuous improvement



How confident do you feel about your practice's understanding of the Better Access changes?

- ☐ Very confident, we've already started preparing
- ☐ Somewhat confident, we understand the basics but need more detail
- ☐ Not confident, we need more guidance and clarity
- ☐ Confident but more worried about the financial impact

What is the Better Access initiative?

The Better Access initiative makes mental health care more affordable and accessible for Australians by providing Medicare rebates for eligible services, with access through a Mental Health Treatment Plan initiated by a GP, PMP or psychiatrist.

Core features of Better Access

The key features of the program remain unchanged.



Patients can receive 10 individual and 10 group sessions per calendar year



Sessions can be delivered face to face or via telehealth



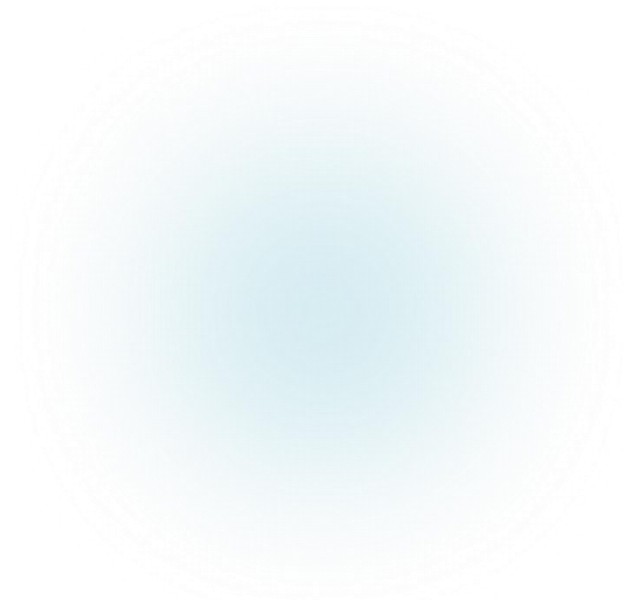
Rebates remain available for eligible allied health providers



The overall model of care is not changing

Two Key Changes





1. New referral rules

- 🏠 MHTPs, referrals and reviews must come from the patient's usual GP or MyMedicare practice

Key exemptions to clinical relationship rules

-  FPS items remain exempt from clinical relationship rule
-  Eating Disorder Plan reviews unchanged

2. Shift to timed consults

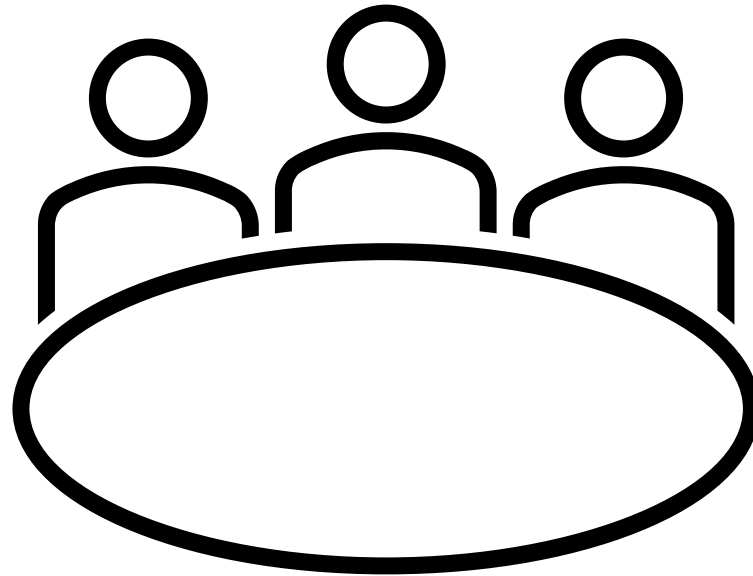
-  Review and consultation items 2712, 2713, 277, 279, 92114, 92115, 92120, 92121, 92126, 92127, 92132 and 92133 will be removed
-  Standard time-tiered consults will be used for reviews

Business sustainability

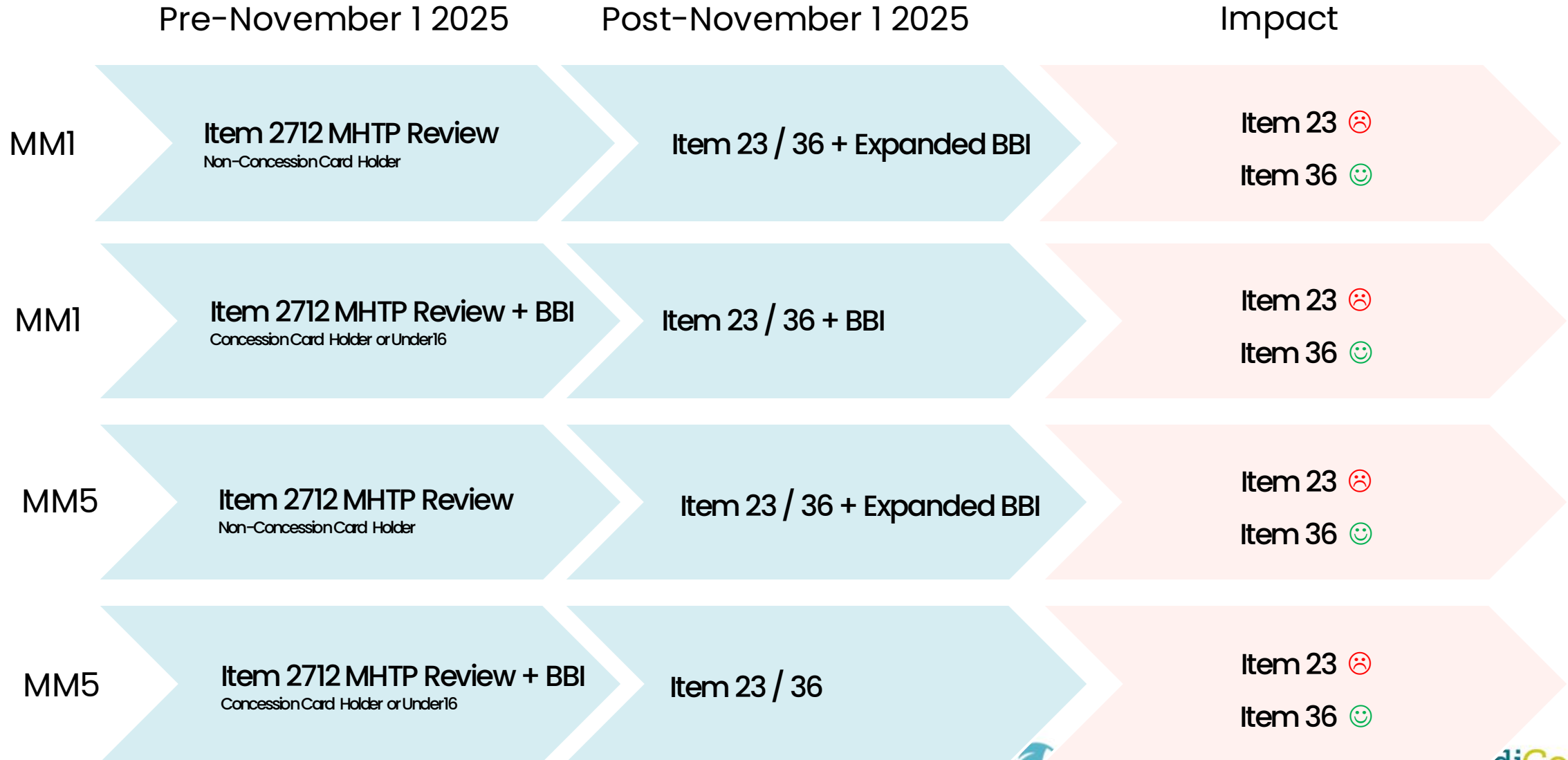
- ✧ New funding models mean changing economic realities
 - No silver bullet, but opportunities to adapt
- 🧠 Shift the mindset: from frustration to reinvention
- 🔧 Strengthen existing workflows, don't rebuild from scratch
- 🏠 Rethink business models for long-term viability
- 👤 Reinvention creates space for quality improvement

Things to consider when billing

-  Bill based on time and complexity
-  Co-billing with review items no longer applies
-  FPS and EDMP's remain unchanged
-  Book appropriate appointment length
-  Train team on new item use and workflows
-  Document outcome tools and plan updates
-  Communicate billing changes to patients
-  Pre-November referrals remain valid



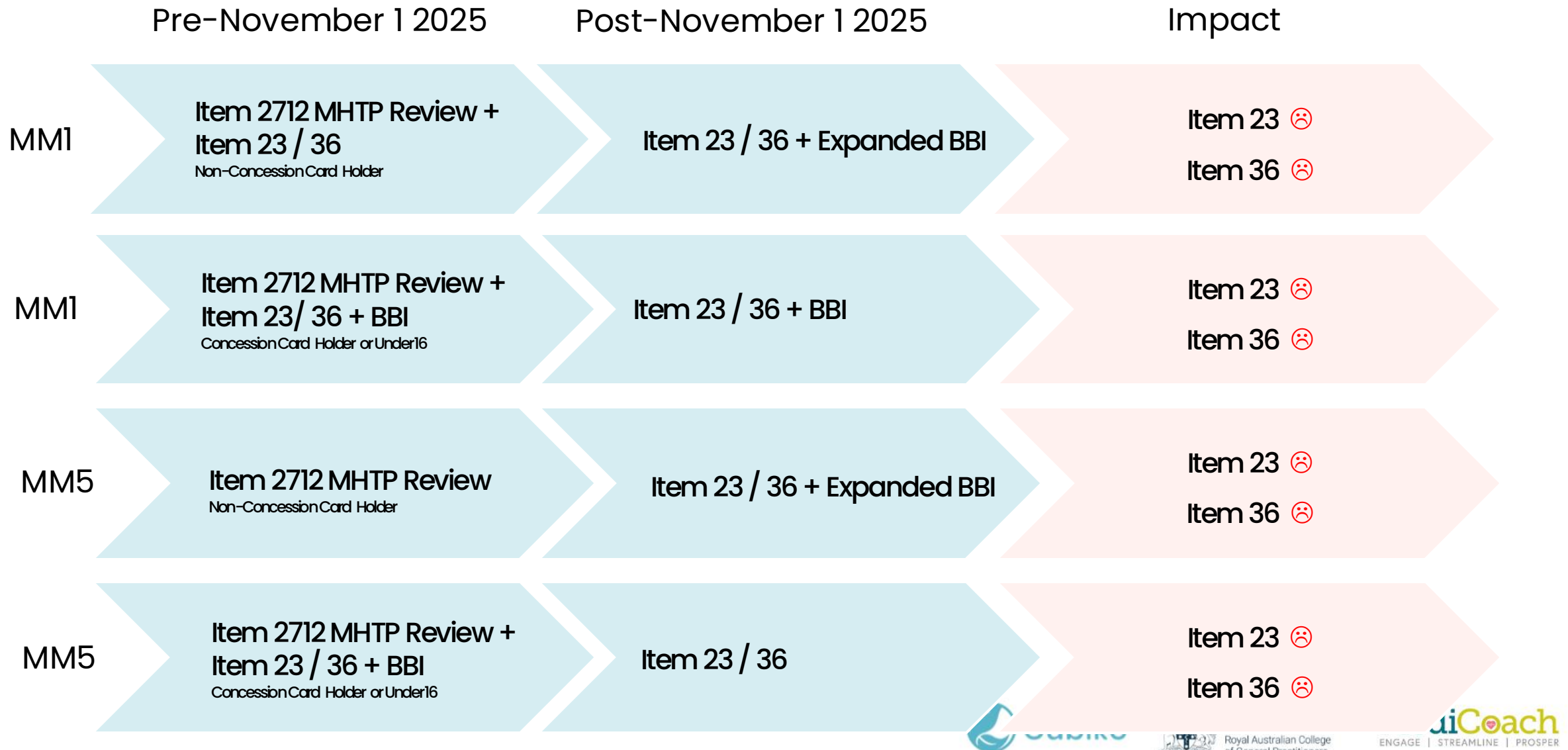
Common billing scenarios: MHTP



+ any BBPIP if your practice enrolls



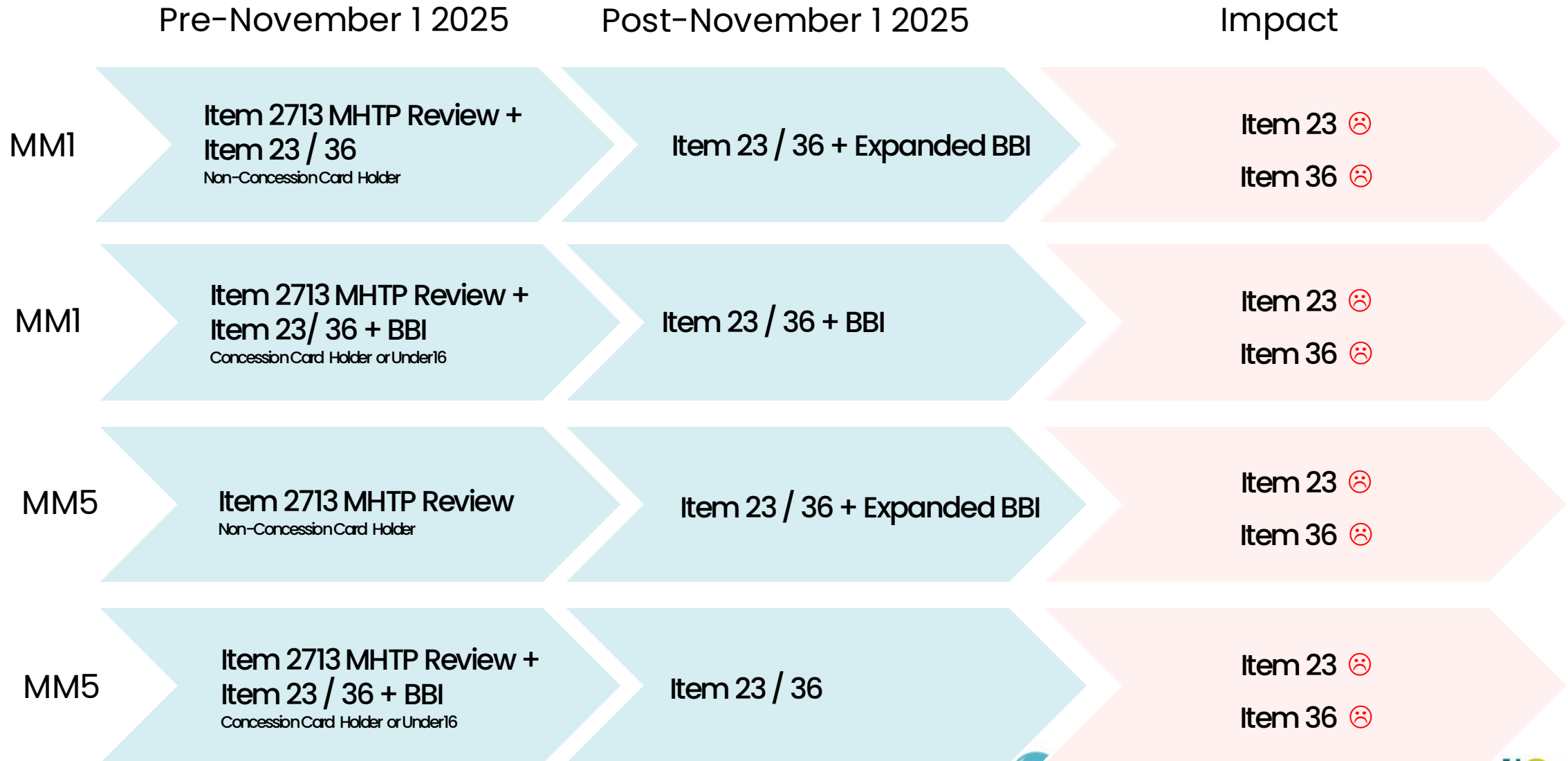
Common billing scenarios: MHTP Review + Co-Bill



+ any BBPIP if your practice enrolls



Common billing scenarios: MHTP Consult + Co-Bill



+ any BBPIP if your practice enrolls



Preparing your practice

- ✍ Consider FPS training for telehealth expansion – helps patients with financial barriers
- ☰ Check MBS Online fact sheets for details

Support for the transition

 Department guidance and resources will support the transition

Delivering MHTPs End to End



Patient / Practitioner Journey



1. Presentation

Patient with no prior mental health history experiences low mood for six weeks and seeks help.



2. Initial GP Appointment

Patient visits their MyMedicare-registered practice or usual GP. GP conducts an assessment and prepares a Mental Health Treatment Plan (MHTP). **Continue using existing MHTP preparation items.**



3. Treatment with Psychologist

The patient undergoes an initial course of treatment with a clinical psychologist (maximum of six services) through Better Access. The clinical or general registered psychologist develops a report for the referring GP.



4. GP Review

Patient returns to the GP for a formal review of their MHTP. If further support is required, the GP may refer for additional treatment or refer to other services. **Reviews and ongoing care billed as time-based consults.**

What is a Mental Health Treatment Plan

 A structured plan developed by a GP or PMP

 Outlines the patient's needs, goals and supports

 MHTPs do not expire

 Reviewed and updated as needed

 New plans only if there's a significant change

 Check eligibility through Proda or QuickCheck

Mental Health Treatment Plan workflow at a glance

-  Assess needs
-  Create the plan
-  Coordinate referral for mental health support

-  Case conferencing for complex patients
-  Review progress

Identifying patients who may benefit from a Mental Health Treatment Plan

- 💡 Presenting psychological or emotional concerns
- ⚡ Preventive health and chronic disease consultations
- 📄 Recall systems, data reports and proactive outreach

Key components of a patients' mental health assessment

- ✓ Obtain and document patient consent
- ⌚ Take relevant history
- 🧠 Conduct a structured mental state examination
- ⚠️ Assess risk factors and other health conditions
- 📝 Record diagnosis or working formulation
- 📏 Use a validated outcome tool (e.g. K10)

Key components of a patients' mental health plan



Discuss findings and diagnosis



Agree on realistic and measurable patient goals



Map interventions and referral pathways to support these goals



Provide psychoeducation and self-management resources



Add crisis or safety plan if needed



Schedule review

Making effective and appropriate referrals

 Match referral options to patient needs and goals

 Consider access, affordability and cultural safety

 Use services such as Better Access, psychology or psychiatry

 Involve the patient in choosing the service

 Support coordinated follow-up care

Reviewing progress and next steps

-  Patient completes initial course of treatment (up to 6 sessions)
-  Treating clinician provides a written report to the GP
-  GP reviews progress and re-administers outcome tool
-  Plan is updated or modified as needed
-  Referral made for additional 4 services if required
-  Review billed under timed-tiered GP consults

Case conferencing in mental health care

 Supports coordinated care for complex patients

 Can be done face-to-face, by phone or video

 Involves GP and at least two other providers

 Claimed under specific MBS items

Practical considerations for case conferencing

-  Plan and schedule proactively
-  Document participants and key outcomes
-  Can be claimed once every 3 months
-  Use MBS fact sheet and RACGP MBS tool for details

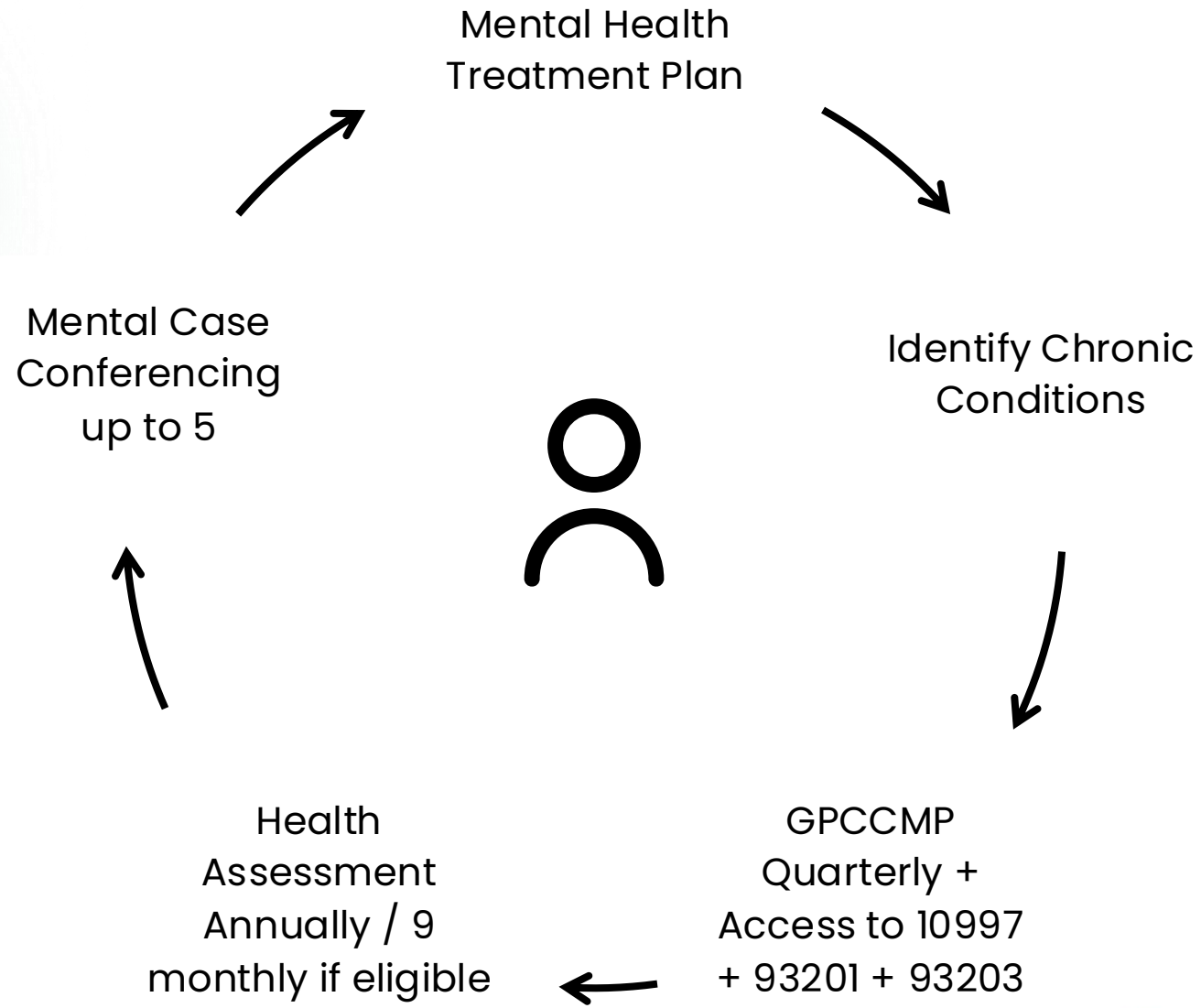
Case conferencing items at a glance

Organise and coordinate

Item 930	15 – 20 mins	Organise and coordinate a mental health case conference
Item 933	20 – 40 mins	Organise and coordinate a longer case conference
Item 935	40+ mins	Organise and coordinate an extended case conference

Participation

Item 937	15 – 20 mins	Participate in a mental health case conference
Item 943	20 – 40 mins	Participate in a longer case conference
Item 945	40+ mins	Participate in an extended case conference



Patient Communication



Explain the plan and what happens next



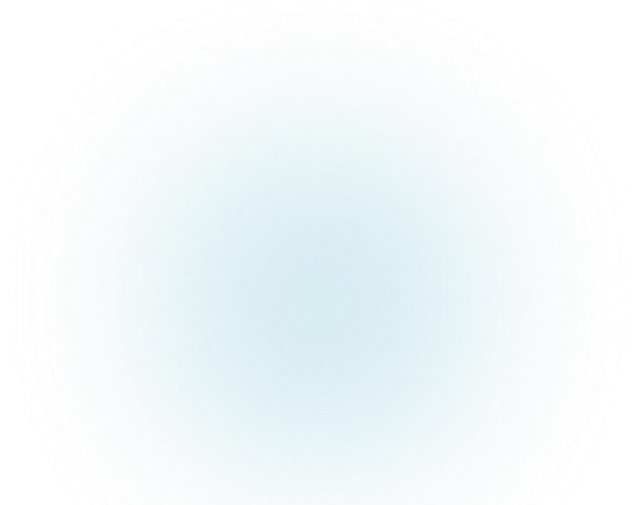
Confirm the review date before the patient leaves



Be upfront and clear about billing



Use consistent language across the team



Whole team approach to MHTP

The importance of a whole-team approach

-  MHTPs rely on coordination, not just clinical care
-  Everyone in the practice has a role to play
-  Consistency drives better outcomes for patients

Aligning the team on upcoming changes

-  Create space for team conversations
-  Use cheat sheets, workflows and shared resources
-  Build confidence before the changes take effect

Why team workflows matter

- 📍 Creates a smooth patient journey
- 👤 Reduces missed reviews and admin load
- ⚙️ Supports consistent billing and compliance

The role of reception

-  Confirm usual GP or MyMedicare registration
-  Book the correct appointment length and type
-  Flag eligible patients to GP for MHTP discussions

The role of nurses

 Support screening and assessments

 Administer outcome tools (e.g. K10)

 Manage recalls and follow-up

 Support continuity of care

The role of General Practitioners

-  Complete assessment and diagnosis
-  Develop the plan and make referrals
-  Provide clinical care and review
-  Coordinate with other services

The role of Practice Managers



Lead team preparation and training



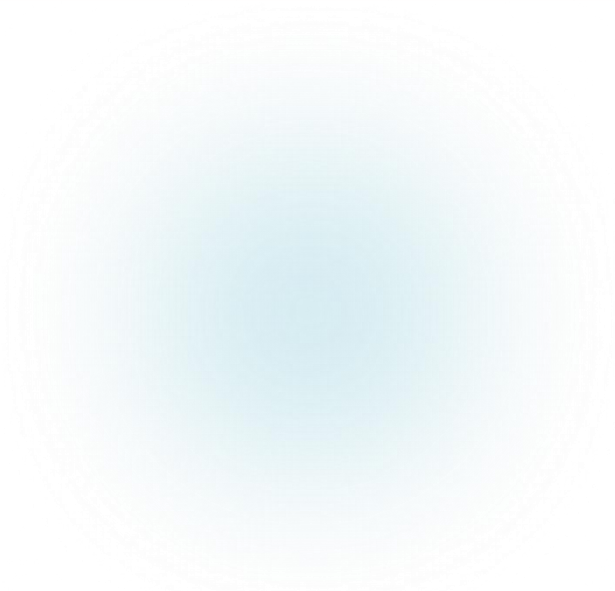
Monitor performance and data



Oversee workflows and compliance



Drive continuous improvement



Monitoring and continuous improvement

Monitoring compliance

 Billing patterns

 Referral sources

 Documentation checks

Turning challenges into quality improvement

🔄 Treat the change as a PDSA cycle

🔗 Identify gaps and test new workflows

🔍 Explore team roles and care opportunities

💖 Focus on proactive care, not just item numbers

Using data to track performance

 Patients who may be due or benefit from a review

 Plan-to-referral conversion

 Outcomes over time

Exploring new opportunities

- 🕒 Rethink how team time is used
- 📅 Build care planning into more consults
- 📊 Increase proactive care through recalls and follow-up
- 🏠💰 Diversify revenue through existing Medicare structures

Feedback loops

-  Regular team meetings
-  Resolve bottlenecks quickly
-  Update scripts and templates

For further resources please visit:



Cubiko Resource Hub



RACGP Resource Hub



Wednesday, 29 October @ 12 PM QLD time

For all Practices making the switch

Webinar

Countdown to November: Your Questions Answered

Read more >





We'd love to hear your
feedback

Thank you to our Co-Hosts



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