

Stepped Care Model

Stakeholder Forum Feedback

July 10 & 11 2017



Forum details

Eastern Melbourne PHN (EMPHN) held two stakeholder forums for mental health (MH) and alcohol and other drug (AOD) service providers in July 2017. These forums were facilitated by external consultant, Mark Bramwell, of Bramwell Solutions.

The forums were titled 'Mental Health Stepped Care Model Forums'.

Dates:

- Monday 10 July 2017, 6-8pm - for service providers (e.g. MH nurses, allied health providers, AOD clinicians, Psychological Strategies clinicians)
- Tuesday July 11 2017, 8.30-10.30am - for organisations

Venue: Manningham Function Centre, 699 Doncaster Road, Doncaster

Forum Objectives

1. To engage and encourage stakeholders to continue on the journey of implementing innovative and consumer focused mental health reforms and policy changes as part of the articulated vision of: [Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services](#).
2. To provide Credentialed Mental Health Nurses (CMHNs) and eligible organisations (EOs) an update on EMPHN's Mental Health Stepped Care Model (SCM) including recent mental health tenders.
3. To obtain input from the stakeholders about their opinion on the future SCM.
4. To discuss continuity of care for consumers during the transition to the future SCM.
5. To assist providers and organisations in transitioning their businesses/practice new ways of working.

Key Outcomes

- Stakeholders were informed of the vision of EMPHN's Stepped Care Model
- Thinking was stimulated on how stakeholders can engage/participate in EMPHN's SCM
- There was discussion around the inevitability of transitioning to a future Stepped Care Model and the level of uncertainty involved in such a change
- The need to ensure continuity of care for consumers was emphasised

Presentations

Journey of Co-design (Maria Yap, EMPHN)

A brief discussion on the various co-design activities delivered by the MH & AOD team as part of the journey to the development of the EMPHN's SCM.

Mental SCM (Anne Lyon, EMPHN)

A brief background on the SCM; an update on progress of the model development; key considerations; challenges/opportunities; and the next steps.

The Development of Integrated Care and Stepped Care Systems in Mental Health in EMPHN (John Mendoza, ConNetica)

This presentation:

- Provided some context to SCM development in terms of national policies and direction.
- Discussed how a stepped care system tailored for EMPHN's catchment will be developed taking into consideration the continuum of integrated care and its enablers and policy imperatives
- Provided a brief overview of stepped care approaches used by other PHNs, and as applied in other health models (chronic pain, talking therapies, clinical staging interventions)
- Provided an update on new technology platforms to deliver health services and how some of these concepts will be applied to the EMPHN model
- Provided indicative timelines

Questions discussed in small groups:

1. What do you like about what you have heard?
2. What concerns or issues do you have with the approach?
3. What is unclear or questions that you believe need to be addressed?

Attendance

Forum 1

- Attended: 38
- Via webinar: 18

Forum 2

- Attended: 28
- Via webinar: 2

Feedback summary

The feedback obtained during and after the two forums were collated into themes.

These are presented in the following tables.

- Table 1: Feedback themes about the Model
- Table 2: Feedback themes about the Clients
- Table 3: Feedback themes about Clinicians including MH nurses
- Table 4: Feedback themes about Providers

Table 1. Feedback themes about the Model

Theme	Examples of feedback
Funding	<ul style="list-style-type: none">• Funds tied up in administration / bureaucracy, not service delivery• Funds pooling – can it work?• Are resources adequate to be spread across a large catchment area?• Process to allocate funds across steps?
Outcomes	<ul style="list-style-type: none">• Outcome measures: local vs. national• Focus on outcomes and effective services• What is the evaluation process for Stepped Care Model?
Timelines	<ul style="list-style-type: none">• What happens at the end of September 30?• Timeline of current contracts 3 months• This is too vague considering there is only two months of contract left to run – should be further progressed by now
Model	<ul style="list-style-type: none">• Unclear / lack of information / Need more detail• This is too vague considering there is only two months of contract left to run – should be further progressed by now• How will the computer/technology etc. be rolled out? How often would it be used? What part of stepped care will it be used in? How will it be used in internet dead spots?• How does this align with NDIS and consumer choice and control?

	<ul style="list-style-type: none"> • Any ability for PHN to facilitate a shared health record (beyond MyHR which is a summary) • How much we will do ourselves and how much will PHN (Governance)? • What would integration look like with state-based systems • Need working relationship with intake team; Will central intake continue? • Based on data and evidence – not reactionary • How do we all agree on the ‘evidence based practice’ and what theories to accept • Shared resources opportunity • How will the clinical guidelines be developed that frame the stepped model of care?
Negative consequences/risks	<ul style="list-style-type: none"> • Regional based can cause fragmentation: Inefficient; Scale up issues; Local variation v’s whole different model • Dealing with a dynamic system will challenge how to keep guiding structures & pathways in place
Market development	<ul style="list-style-type: none"> • Market development and culture change • Disappointing that tonight didn’t convey more about the business model for individual providers as session invitation suggested
Representation in co-design	<ul style="list-style-type: none"> • Please consider having youth participating in the consumer advisory group and also indigenous representatives • Clarify community involvement in design

Table 2. Feedback themes about the Clients

Themes	Examples of feedback
Access	<ul style="list-style-type: none"> • Ability of client to access digital services – some don’t function at this level • It is presumed most clients with mental health issues are accessing NDIS and PIR – however clients at the sharp end/ front line of mental illness aren’t using this service due to their isolation and not being part of public services. • Internet access services & online service for at risk populations, low socio-economic group • What did the presentation mean for our clients – particularly the most disadvantaged, i.e. remote, domestic abuse, CALD, ATSI, disabled, poorly educated, financially disadvantaged? • Limitations of online/digital auxiliary and treatment options • Complexity of referrals, multiple points of access, barriers to access (e.g. Triangulation / central intake) • What consideration has been/will be given to family inclusive practice with children and youth?
GPs	<ul style="list-style-type: none"> • Entry points into support not reliant/restricted to GPs • Loss of link between GPs and individual clinicians impacting client confidence to seek help

	<ul style="list-style-type: none"> • Many consumers don't have a regular GP or medical home à yet the system relies on GP engagement / gate-keeping
Flexibility	<ul style="list-style-type: none"> • Possibility of increased sessions / extended duration for clients who need it • Some clients appear to do well after 6-12 sessions but may re-present later with symptom exacerbation. Can the Stepped Care Model provide flexibility in taking up the further care of that individual? E.g.: Disability clients (physical) have child carers or parents that may need care, Sexual abuse or trauma. • Intermittent care over a lifetime / longer period of time without it being defined as failure of earlier treatment • How do we help people move between levels? • Clients flexibility in choice of service • Clients not wanting to go through large service system (Taboo of mental health still present)

Table 3. Feedback themes about Clinicians including MH nurses

Themes	Examples of feedback
Workforce training & professional development	<ul style="list-style-type: none"> • Need skilled / experienced workforce to implement model • Credential requirements à changing of expectation / requirements • Funding needs to allow good supervision & reflective practice for staff • No scope / provision / support to train up staff
Job security & compensation	<ul style="list-style-type: none"> • Job security / How secure are roles? • Where do private providers (psychologists) fit into this model? • Career longevity, qualifications, experience, reimbursements • Need for workforce to be rewarded and valued
GP	<ul style="list-style-type: none"> • GP training in mental health and referrals (especially with new finding / services) • Need GP education / engagement, especially e-Mental Health • GP education / understanding à takes time • How to engage GPs in the model
Input	<ul style="list-style-type: none"> • It seems there has been input from nurses, Headspace, PIR, etc. What input has been sought from psychologists?

Table 4. Feedback themes about Providers

Themes	Examples of feedback
Future of individual contracts	<ul style="list-style-type: none"> • 150 Contract cannot continue so how is that planning on looking? • Loss of contracts • What happens after January 2018 to ATAPS service providers? Re commissioning in 2018

	<ul style="list-style-type: none"> • What happens to providers in private practice as distinct from agencies? Will it be a tender process? • What are the main criteria for filtering out / including ATAPS service providers? • Any model (stepped care) needs to give importance to the business model of allied health providers in private practice settings • Is there a place for individuals to be engaged in service provision or only registered group?
Large versus small organisations	<ul style="list-style-type: none"> • What happens to providers in private practice as distinct from agencies? Will it be a tender process? • Concern if large consortium is favoured • Need for workshop or something of the kind around 'bundling' practitioners • How does a small local organisation sit within the commissioning process? • Support for providers in terms of resources offered • Is it a given that we can register to continue to provide services with the successful tender organisation? • What will happen to the 150 individual contracts in 3, 6 and 12 months' time? • Will we be required to submit individual tenders or will there be a preference for individuals to align with external organisations e.g. Headspace, NGOs, (and who will then submit those tenders)? • Opportunities to collaborate • How does a small local organisation sit within the commissioning process?
Funding term	<ul style="list-style-type: none"> • Long-term (not contract / short-term funding) • Long term funding allows consolidation of services and programs

“Some clients appear to do well after 6-12 sessions but may re-present later with symptom exacerbation. Can the Stepped Care Model provide flexibility in taking up the further care of that individual?”

“Any model (stepped care) needs to give importance to the business model of allied health providers in private practice settings”

“I wanted to follow up on your offer of a workshop or something of the kind around 'bundling' practitioners. Without knowing quite how at this stage I am offering to put my hand up and see what I could do from my end to make that happen.”