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## Psychiatric Secondary Consultation and Advice Service Innovation Workshop Report

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## Executive Summary

The Eastern Melbourne PHN (EMPHN) has piloted a Psychiatric Secondary Consultation and Advice Service for GPs and other health professionals over the past year. EMPHN is now reviewing the service and its performance with a view to improving service delivery.

As part of this process, EMPHN conducted an Innovation Workshop with local health professionals to consider issues or barriers related to the delivery of the service and to identify opportunities for improvement. The workshop included 21 people, most of whom were health professionals, and was conducted on Wednesday 1 August 2018 by Colin Frick from the Improvement Foundation.

To help inform the workshop EMPHN conducted a short survey to measure the awareness and usage of the pilot service amongst GPs. While the survey identified reasonable awareness amongst respondents (54%) there was a lower proportion of GPs who had used the service (15%).

Workshop participants considered issues and barriers that may impact on the service delivery and key issues or barriers identified included:

- Access to service and time pressure, including the time it would take a GP to understand how to use the service and employ it on a case by case basis
- Knowledge and skill amongst health professionals relating to the management of mental health
- Change fatigue and workload. Participants acknowledged that general practice is working under high workload pressure and a changing workplace. Therefore, introducing new services can be complex
- Business Case. There needs to be a positive business case relating to the service otherwise sustainable uptake would be unlikely.

Workshop participants also considered ideas and/or strategies for improving the service and these included:

- Offering one service model. While the model might include multiple providers, one forward facing model that has a single point of entry is preferred
- Care team approach. A service model that supports and promotes a care team approach is more likely to be sustainable
- Business Case. There needs to be a sound business case to support the service or reaching high uptake in a sustainable way is unlikely
- Marketing and Communication. Improved marketing and communications relating to the service to ensure that health professionals are aware of it, its benefits and how to use the service
- Technology. There may be existing technology available that will help coordinate the service and inter-operate with GP systems to reduce workload and grow service usage.

Generally speaking, workshop participants supported the concept of the PHN funding services that improve mental health care for consumers and build health workforce capacity.

EMPHN will now consider feedback from a range of areas in relation to the service with a view to improving the service model and the way it is delivered.

## Background

EMPHN currently funds the provision of a Psychiatric Secondary Consultation & Advice Service to ensure that GPs and other health professionals have access to specialised mental health advice.

The Psychiatric Secondary Consultation & Advice Service was introduced by EMPHN based on feedback from GPs relating to inadequate access to psychiatrists for consultation and support with the management of consumers with mental health and alcohol and other drug (AOD) issues. Over recent years local hospital networks ceased funding of primary mental health teams, and the Royal Australian College of General Practitioners (RACGP) Psychiatric Support Line as either ceased or reduced the scale and scope of services. These changes were considered to have an adverse impact on access to specialised mental health support for GPs in the region.

EMPHN, through the Partners in Recovery program, funded a small project to enable Partners in Recovery consumers to access psychiatric consultation from a private psychiatrist. Based on feedback to EMPHN, this program was well received. EMPHN Partners in Recovery program had also surveyed GPs on the impact of the loss of a primary mental health service. The survey results indicated that the service was missed and had been a valuable option for them.

With an increase in mental health presentations in the community, and in general practice in particular, along with supporting the transition of mental health services to a Mental Health Stepped Care Model, EMPHN decided to pilot a Psychiatric Secondary Consultation and Advice line to support GPs with managing and responding to consumers with mental health and AOD presentations.

A review other service models for psychiatric consultation and advice within the primary health care sector was undertaken by EMPHN. From this it was noted that while access to psychiatric consultation and advice was reported as being highly desired by GPs, in some examples, where a model was funded, there were reported cases of underutilisation.

Through a tender process, EMPHN funded two models of psychiatric secondary consultation and advice, with different but complimentary service models.

One model had been previously independently piloted in the Shepparton region for one month in early 2017, with a high uptake of the service, providing advice from a psychiatrist on a de-identified case sent by a GP via email.

The other model was designed to make use of the skills of a credentialed mental health nurse practitioner, by providing more immediate access to phone-based mental health support.

These models were initially commissioned to operate for 6 months, which EMPHN then extended to 15 months due to relatively low uptake of either service in the first six months.

EMPHN is now seeking to identify opportunities to improve the psychiatric consultation and advice service, which aims to build the capacity of GPs and other mental health clinicians to offer improved mental health care for consumers. EMPHN engaged the Improvement Foundation to design and deliver an Innovation Workshop with local health professionals, Psychiatric Secondary Consultation & Advice Service providers and EMPHN staff.

This report provides details of the Innovation Workshop and presents key workshop outcomes for EMPHN to consider in the design of future services.

## GP Awareness Survey

Prior to conducting the Innovation Workshop, a short survey was conducted to help determine the level of awareness and usage of the Psychiatric Secondary Consultation & Advice Service amongst GPs.

EMPHN invited practice managers to participate in the survey and offered a minor incentive to encourage participation. Practice managers were asked to survey GPs at the practice and then complete an online form with the results.

Six general practices completed the survey which included responses from 35 GPs. Four GPs provided anecdotal feedback directly to the EMPHN team.

Of those surveyed, just over half (54%) were aware of the Psychiatric Secondary Consultation & Advice Service. Of those that were aware of the service, six GPs had used the service (15% of the total GPs; or 29% of those GPs who were aware of the service). The six GPs that had referred to the service came from two of the six general practices who participated in the survey.

Chart 1 – GP awareness of the Psychiatric Secondary Consultation & Advice Service

The Proportion of GPs Who Were Aware of the Service  
● Yes ● No or Not Sure

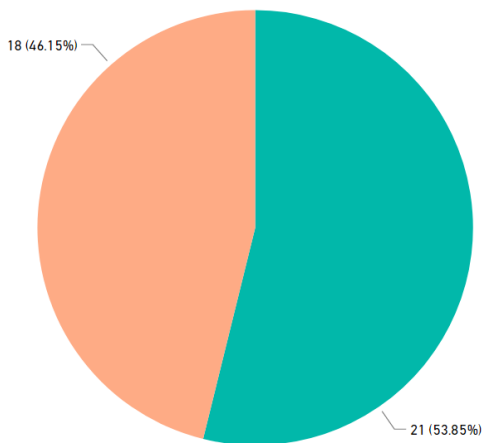
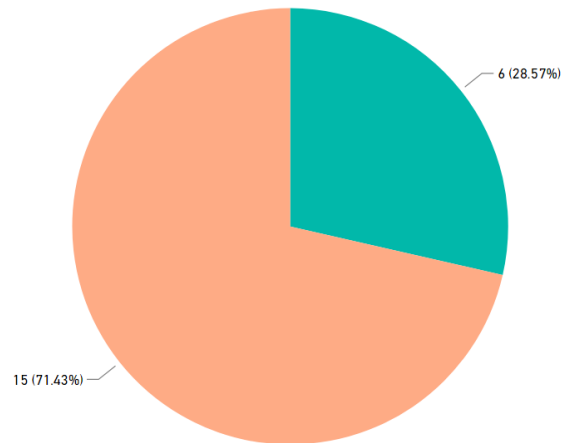


Chart 2 - The Proportion of GPs Who Were Aware of the Service and Referred to the Service

The Proportion of GPs Who Were Aware of the Service and Referred to the Service  
● Aware and Referred ● Aware but did not Refer



With a relatively small number of survey responses, which is believed to be due to the nature and timing of the survey, it would be reasonable to assume that there is likely to be a self-selection bias towards general practices that are aware of, and/or had used the service. However, with only 15% of GPs surveyed using the service, there is a high probability that individual GP awareness (and/or confidence) to refer to this service is low.

When GPs that had used the service were asked how they would rate the service on a scale of 1 ( "not likely") to 5 ( "highly likely"), two GPs rated the service 3 (not sure whether they would recommend the service to a colleague), one GP rated the service 4 (likely to recommend the

service to a colleague) and three GPs rated the service 5 (highly likely to refer the service to a colleague). The four GPs that rated the service 4 or above came from the same general practice.

GPs were also asked if they had not used the service, if they could indicate the reasons they had not. Statements provided are:

- Because I didn't understand it
- Don't think of it
- Emailing format is too hard- I don't have the time
- Haven't needed to
- I want my client to be seen and assessed in person, by a Psychiatrist, and then I will make the changes suggested, and continue with the care
- Not sure of the services
- Not sure of the services that they have
- Not willing to accept de-identified advice- would like a specialist advising on medication, to share in the risk
- Referral form not on Best Practice
- We are Specialists-Gynaecologists and Obstetricians and refer to women's psychiatrist/psychologist for prenatal/postnatal issues
- Too hard to discuss complex patients over the phone
- Waiting times. Tend to refer privately
- Wasn't sure of details or if still available
- Wasn't sure what they offered.

## Innovation Workshop

The Innovation Workshop was designed to work with local health professionals to:

- Better understand the problems that GPs and other mental health professionals may experience in accessing psychiatric consultation and advice within the primary health sector
- Identify key strategies for improvement
- Prioritise strategies based on the participant's knowledge and understanding of the environment and that likely impact on the strategies identified.

The workshop commenced with a discussion about what EMPHN was attempting to achieve by offering the Psychiatric Consultation and Advice Service. The following key factors influenced EMPHN's decision to provide the Psychiatric Secondary Consultation and Advice Service:

- Anecdotal evidence from GPs that this type of service would be valued
- Cessation of other like services over the past few years
- Evidence of this type of service being used elsewhere with success
- The potential for this type of service to help build GP capacity to respond and manage patients in a primary care setting.

Participants agreed that there are a range of market forces, such as the increasing demand from GPs for support regarding mental health and AOD management, that supported continuing the Psychiatric Consultation and Advice Service in some way. Participants also recognised that there were opportunities for improvement.

## Issue Identification

During the first part of the Innovation workshop, participants worked in table groups to identify key barriers or issues that worked to reduce the effectiveness or efficiency of the Psychiatric Secondary Consultation and Advice Service pilot.

The following table of issues or barriers is listed in alphabetical order.

Issue/Barrier	Description
Access	<ul style="list-style-type: none"> <li>▪ Navigation of health care system is considered difficult for both GPs and consumers and carers</li> <li>▪ Access and referral pathways are not integrated into GP clinical information systems and therefore requires additional effort</li> <li>▪ Few psychiatrists in the region to refer to</li> <li>▪ People were unsure whether access was only via a GP or whether other providers could refer</li> <li>▪ General awareness by the community on where to access mental health or alcohol and other drug (AOD) help.</li> </ul>
Appropriate Remuneration	<ul style="list-style-type: none"> <li>▪ Remuneration to develop care plans (MBS item no) does not reflect the time GPs need to invest in care coordination</li> </ul>
Change Management	<ul style="list-style-type: none"> <li>▪ Changing landscape and the change management required to ensure that new models are implemented effectively without threat</li> </ul>

Communication / Marketing	<ul style="list-style-type: none"> <li>■ There is a lack of awareness of Psychiatric Secondary Consultation &amp; Advice Service, how to access the services and what the benefits are</li> <li>■ Other clinicians in GP clinic (eg practice nurse) are not aware support services available to help GPs</li> <li>■ Appropriate messaging needs to be tailored to target audience</li> </ul>
Knowledge and Skill	<ul style="list-style-type: none"> <li>■ GPs often operate solo in their own practice and there is a lack of knowledge transfer to practice managers and/or practice nurses</li> <li>■ Access to supervision/observing for GPs (acuity and complexity of consumers)</li> <li>■ Increasing mental health knowledge and skill of GPs is hard due to time restraints and other competition for time</li> <li>■ Seeing patients who are acutely unwell requires greater GP knowledge and skill in mental health and AOD</li> <li>■ Patient factors like managing risks, sharing risk, complexity, or managing crisis.</li> </ul>
Pathways	<ul style="list-style-type: none"> <li>■ The pathways to access the Psychiatric Secondary Consultation and Advice Service doesn't match GP workflow processes</li> <li>■ Where there is a team approach in GP clinic/sector, the service is a GP centric model and doesn't easily integrate with the team</li> <li>■ The role of the practice nurse in delivering mental health care is not well understood</li> <li>■ In some cases there is poor feedback to the GP</li> </ul>
Previous Experience	<ul style="list-style-type: none"> <li>■ Previous poor experience (i.e. accessing the mental health service system - not this exact service)</li> </ul>
Privacy	<ul style="list-style-type: none"> <li>■ Consent from consumer to store information (e.g. phone referral) with another provider for primary consultation as appropriate</li> </ul>
Responsiveness	<ul style="list-style-type: none"> <li>■ The service is not timely and responsive for GPs and Clients</li> </ul>
Risk	<ul style="list-style-type: none"> <li>■ Reluctance for general practice to work with clients with mental health presentations due to potential risks</li> </ul>
Time Resource	<ul style="list-style-type: none"> <li>■ Time pressure for GPs to understand and use a new service</li> <li>■ Patient expectations</li> <li>■ Time to create linkages with care team.</li> </ul>
Trust & Engagement	<ul style="list-style-type: none"> <li>■ Loss of trust and engagement through the process of forming PHNs</li> <li>■ EMPHN is implementing many initiatives at the same time, for example digital health, after hours and patient centred health care home initiatives.</li> </ul>



## Ideas for Improvement

Using a version of the 'Hot Potato' creative exercise, participants were asked to document the ideas or key strategies that they believed would bring about the best results. In the context of this exercise, best results were where the Psychiatric Consultation and Advice Service could demonstrate:

- Referral activity and access in line with, or exceeding expectations
- Health professionals held a view that the service was easy to use and delivered required results
- Consumers held a view that the care they received met or exceeded their expectations.

Following the Hot Potato exercise, each table as a group discussed the ideas and then documented a unique set (combining like ideas where practical) to present to the workshop group.

The following table shows a curated version of the ideas and/or strategies identified by participants. This version brings together like ideas into themes and any prioritisation associated is also carried across to the theme.

Improvement Idea / strategy	Description
Best Practice	Identify and replicate best practice models used in physical health and seek to replicate the model for mental health. <ul style="list-style-type: none"> <li>■ Identifying integrated services that function well, such as maternity, oncology, diabetes care</li> <li>■ Identify their critical success factors and seek to replicate in mental health</li> </ul>
Business Model	Ensure that the business model supports GP involvement in the service model. <ul style="list-style-type: none"> <li>■ MBS item for GP collaboration with care teams</li> <li>■ Primary psychiatric consultation</li> <li>■ Financial incentives for GPs to specialise and work with the service model for mental health and AOD</li> <li>■ Promote additional MBS items to support this work</li> <li>■ Access to assessment/short stay services</li> </ul>
Centralised Service Directory	Introduce a centralised service directory that is <ul style="list-style-type: none"> <li>■ Quick, easy and accessible</li> <li>■ Building capacity over time</li> <li>■ Connects service providers quickly</li> <li>■ Ensure that the directory is marketed well</li> </ul>
Knowing our GPs	Ensure that EMPHN and the commissioned service provider understands the GP market with regard to mental health services. Ideas include: <ul style="list-style-type: none"> <li>■ Identifying GPs most interested in mental health and introduce a community of practice</li> <li>■ Base camp</li> <li>■ Increase networking for GPs interested in mental health</li> <li>■ Identifying least interested GPs</li> <li>■ Ensuring referral pathways are consistent with GPs work processes/flows</li> </ul>

	<ul style="list-style-type: none"> <li>■ Mental health education sessions for GPs</li> </ul>
Marketing & Communication	<p>Ensure that the service is marketed well to health professionals and includes details relating to the service model.</p> <ul style="list-style-type: none"> <li>■ Service model</li> <li>■ Targeting GP practice</li> <li>■ Platform for secure information sharing</li> <li>■ Employ a strategic marketing campaign</li> <li>■ Forums to show case good practice models and promote service options</li> </ul>
One Model	<p>Ensure that, from a consumer's perspective, there was one model for psychiatric consultation that included:</p> <ul style="list-style-type: none"> <li>■ 24/7 access</li> <li>■ Face-to-face consults for more complex clients</li> <li>■ Care team inputs</li> <li>■ Alignment with MH stepped care model</li> <li>■ Both mental health and AOD</li> <li>■ Consideration of physical health needs</li> <li>■ Values based care</li> <li>■ Single point of entry for a psychiatric consultation and advice service</li> <li>■ Engage and co design with GPs</li> </ul>
Care Team Approach	<p>Ensure that people with high acuity/risk are managed by a team as they are not well suited to episodic treating services.</p> <ul style="list-style-type: none"> <li>■ Have a key liaison person/contact in mental health services</li> <li>■ Have shared treatment plans and processes for regular updates/communication online</li> <li>■ Co locate mental health services in general practice</li> <li>■ Consumer care focus - peer worker (advance statement, e-resources, self-agency).</li> </ul>
Technology	<p>Ensure that any model designed can interface and operate with clinical information systems. This will reduce work for GPs and form part of their workflow which is expected to increase the referral rate.</p> <ul style="list-style-type: none"> <li>■ Information portal, phone app</li> <li>■ Consumer phone app</li> <li>■ Clinical phone application</li> <li>■ Built in decision support</li> <li>■ One clear pathway to service</li> <li>■ Auto generated referral formats "2 clicks"</li> <li>■ Consistent access to the care pathway</li> </ul>
Workforce development	<p>Invest in the development of the health professional workforce to better manage mental health in a manner consistent with the service model. Some ideas included:</p> <ul style="list-style-type: none"> <li>■ GPs – ownership and risk mitigation</li> <li>■ Provide a simulation centre</li> <li>■ Modelling in the room with care team</li> </ul>

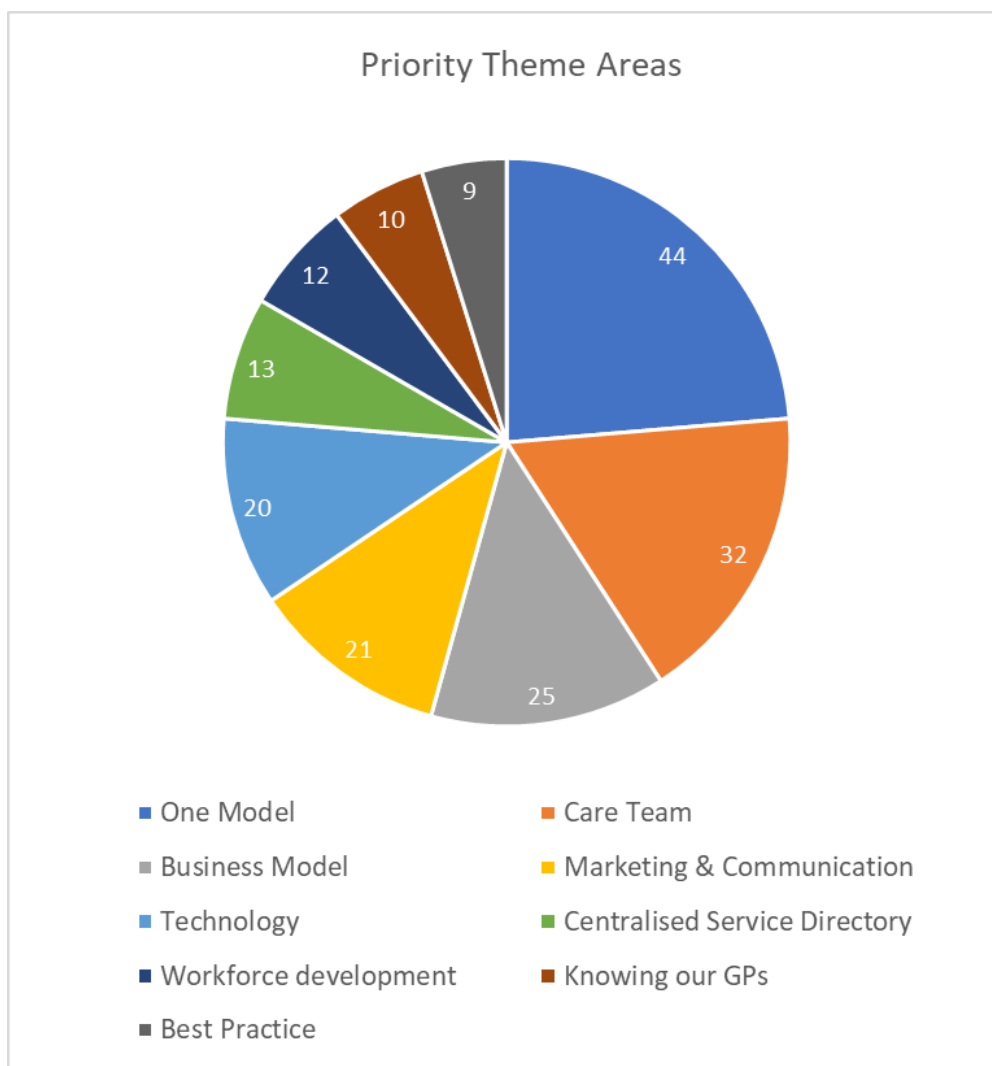
	<ul style="list-style-type: none"> <li>General up-skilling for practice nurses, GPs and other mental health practitioners on mental health and alcohol and other drug services</li> </ul>
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## Prioritisation

Following a presentation by each table to explain concepts behind each idea, participants were asked to prioritise the ideas based on where they believed investment would bring about a greater service usage for the Psychiatric Consultation and Advice Service.

The following table shows the results of the prioritisation exercise ordered by the most supported theme to the least supported theme.

Improvement Idea / strategy	Priority	Improvement Idea / strategy	Priority
One Model	44	Technology	20
Care Team	32	Centralised Service Directory	13
Business Model	25	Workforce Development	12
Marketing & Communication	21	Knowing our GPs	10
		Best Practice	9



## Key Workshop Themes

The following key themes were summarised by the Improvement Foundation based on the workshop activities and feedback provided during the workshop. These themes may help guide development of an improved Psychiatric Consultation and Advice Service.

### One Service Model

It was strongly carried through in a range of activities and comments that there should be one service model promoted to health providers and consumers. Employing one service model does not mean that there is only one service provider, but from the user perspective, the service interface appears to be, and operates seamlessly, like one service offering.

What comprises the service model needs to be considered further, but it was generally thought that a full-service offering would be better received where the following service attributes are included in some way:

- Has extended access hours, 24/7 access was stated
- Face-to-face consultations for more complex clients
- Alignment with the mental health stepped care model in a way that includes broader 'team' care where the team may be across multiple organisations
- Inclusive of both mental health and alcohol and other drug related referrals
- Consistent with the concept of a care team, also includes the management of physical health
- The service has a single point of entry to reduce complexity for users
- Referral process is streamlined to ensure ease of use.

### Care Team

While the care team was prioritised second, there is a clear relationship between the care team concept and one service model. Any service model should support care team arrangements in a seamless manner to ensure that duplication and associated work effort is removed from the model. This is also expected to improve consumer satisfaction with the service.

### Financial Model

A fundamental part of a sustainable service model is a sound business case for health professionals involved. This does not mean simply introducing financial incentives as there are other elements to a business model. For example, access to a service that solves problems that GPs are facing will be more readily adopted than one that does not. Equally, ensuring that any model is consistent with Medicare Benefits Schedule items so that GPs can generate appropriate revenue from managing care team arrangements.

Therefore, the service model should take account of the value proposition for GPs to ensure that the model is sustainable over time.

### Marketing & Communication

This is an area where there were several ideas and will probably make a material difference to awareness and subsequent uptake.

A marketing campaign will need to be developed once the service model is finalised which will in turn determine important marketing concepts such as key messages and target audience(s).

## Technology

There was clearly a theme that emerged relating to technology and this comes from the potential to streamline service provision and make it easier to use and more accessible for GPs.

There are many ways to approach this strategy and the eHealth investment by the Commonwealth over the past 10 years has improved e-health capacity and interoperation.

Therefore, it would be sensible to explore available e-health solutions that could help deliver the determined service model as part of the procurement process.

## Centralised Service Directory

An online service directory that is maintained and up-to-date was also considered a suitable way of ensuring that GPs could access the support required.

## Workforce Development

There was reasonable discussion relating to workforce development during the workshop and this is an area that is likely to bring some gains once the service model is finalised. Ensuring that health professionals have the required skills to work with the service model will be important and needs to be considered both during service model development and through implementation.

The concept of identifying GP champions and introducing a community of practice was also considered and it may be possible that the model allows for exemplary GP services to share their experiences with other GPs.

## Knowing our GPs

Understanding GPs and their needs will be important to the design of the model. While the Innovation Workshop identified improvements based on the participant's knowledge of general practice, no GP responded with availability to attend the workshop.

The concept of 'co-design' was included throughout the day and it would be sensible to specifically include GPs in further refinement of the design of the service model.

## Best Practice

Best practice was identified as a way of looking at high performing systems in general practice with the view to replicate success factors within the service model.

When looking at the survey responses, one of the respondents was a general practice with seven GPs, where five GPs were surveyed and four using the service. Of the four GPs using the service, three rated the service 5 (highly likely to recommend) and one rated the service 4 (likely to recommend). Understanding why this general practice has a reasonably high uptake and good experience would be a reasonable place to start understanding how the service is used as part of their business.

## Workshop Evaluation

Participants were asked to evaluate the workshop sessions and the following results were received.

Workshop Session Title	Knowledge Increased	The Facilitator was Engaging	I would Recommend to Others
Psychiatric Consultation & Advice Service - Objectives and Service Background	79%	86%	83%
Issue Identification/Understanding the Issues	86%	86%	88%
Idea Generation/Idea Prioritisation	88%	87%	90%
All things considered, how would you rate this Workshop?		88%	