WentWest

HIGH PERFORMING MENTAL HEALTH IN PRIMARY CARE

OPTIONS FOR SYSTEM AND FUNDING INNOVATION

5th NOVEMBER 2015

Progressing Health Now

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A scalable demonstration opportunity to transform mental health delivery

WentWest, operating as the western Sydney Primary Health Network (WSPHN) has been supporting general practice and primary based mental health care for well over a decade. We recognise both the strengths that programs such as Better Access, ATAPs and Partners in Recovery (PIR) have created in primary mental health and the pressing need for evolution of these services to improve outcomes for people, to respond to the changing needs of our community and to improve value for money.

The purpose of this options paper is to outline an opportunity to leverage a unique set of capabilities within mental health in western Sydney to create a low risk demonstration initiative that builds a platform towards the wider, scalable transformation of primary based mental health, e.g. as envisioned in the National Mental Health Commission Review.

Importantly we are seeking the opportunity to integrate mental and physical health within a GP-led 'Patient Centred Medical Home and Neighbourhood', leveraging and supporting the proposals recently described in our submission to the Primary Health Care Advisory Group.

Our proposal is based on six foundations:

1. **Better options and choices to address peoples' mental health needs**: The foundation of this plan is the enrolment of patients with mental health needs into an active partnership of support that is better tailored to their needs and situation, ranging from 'light' support through to active navigation and comprehensive ongoing care.
2. **General Practice support for a 'person centred, mental health medical home' and 'medical neighbourhood':** Building on existing initiatives to develop an e-health enabled 'person centred medical home for mental health' with the participation of leading general practices in our region.
3. **Implementation of a stepped care system of mental health support:** Development of an integrated service system that will provide a better mix of services, providing choice of options tuned to individual need, delivering better value for money from the resources available.
4. **Active clinical governance, resource management and performance development:** Building on WentWest's existing platform of organisational capability to establish an active clinical governance, resource management and performance development. This will enable safe, effective care across the stepped care system while managing the risks associated with a blended, value based reimbursement system.
5. **Commissioning using a value based pooled funding model:** Utilisation of an outcomes based, pooled funding arrangement of MBS, ATAPS and potentially, Commonwealth innovation funding and State resources.
6. **A collaborative research and evaluative learning partnership:** The final foundation is our plan to utilise our established collaborative research and evaluative learning partnership with University of Sydney (Menzies Centre for Health Policy) and Synergia, (a health services consultancy and evaluation organisation), to build the platform of understanding and learning needed for both success in western Sydney and accessible learning that supports the spread and scale of the approach more widely.

To advance these opportunities we are proposing that innovation funding is released to support the collaborative co-design and development of a business case and subsequent demonstration initiative and to transform mental health delivery within primary care in western Sydney to deliver better mental (and physical) health outcomes for consumers.

WentWest – Western Sydney Primary Health Network

WentWest has been delivering mental health services for the past 8 years under the ATAPS program. WentWest has also expanded the range of mental health services by successfully incorporating additional programs such as PIR (Partners in Recovery) and MHNIP (Mental Health Nurse Incentive Program). These programs require WentWest to develop and deliver on sound clinical governance, financial management and accountability processes.

During this time, WentWest has developed an extensive and experienced commissioned mental health workforce and services in our region. This includes private providers, NGO and community managed organisations, clinical and support services. WentWest's role in the commissioning of mental health services is to contract and performance manage, continuous and comprehensive quality service improvement, referral and intake processes, equity and access of service by consumers. The role also includes aligning services to appropriate providers and supporting seamless transition of care between providers and referring agents (GP's) in the primary health care setting.

WentWest is currently working closely with a number of key stakeholders, including University of Sydney, Brain and Mind Centre, Western Sydney University and Western Sydney Local Health district on a number of initiatives. These initiatives are related to key areas of delivering seamless and targeted mental health services as follows:

1. Addressing the physical health of people with chronic & mental illness (NSW Integrated Care),
2. Suicide Prevention (ATAPS Suicide Prevention Support)
3. Early Intervention (ATAPS Child and Perinatal Services)
4. Developing a peer workforce (Recovery College).
5. Online and e-mental health (ATAPS Support line, e-health records),
6. Family intervention (Thrive at Five)

WentWest has a comprehensive referral process and provider network and each of these initiatives have the potential to be up scaled and expanded.

Additionally WentWest has developed HealthPathways, a web based health informational portal for General Practitioners to utilise during a consultation to assist with assessment, management and appropriate referrals to local specialists and services. It also provides health consumer information, reference materials and education resources to increase the capacity for consumers to actively assist in the management of their own health.

HealthPathways is a systemic approach to improving care between primary, secondary and tertiary services, allowing primary based clinicians to inform consumers of choice in their treatment and care. WentWest has been working closely with western Sydney Local Health District and University research centres to develop a comprehensive approach to identifying systems of care (Mental Health Atlas) and health pathways for consumers, carers and referring agents. This has allowed WentWest to develop a robust process to manage transition of care from the initial referral process to service delivery to consumer satisfaction and outcomes.

The context of mental health in primary care

Nationally we are now achieving an enviable level of investment in primary mental health as shown in the diagram below:

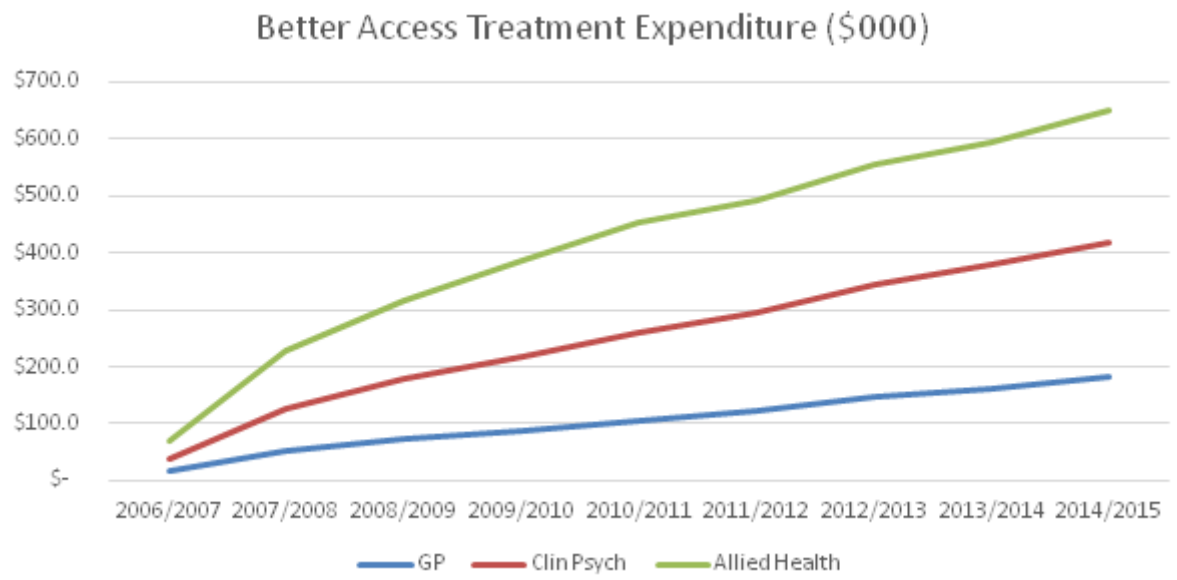


Figure 1: Trends in Better Access

In 2014/15 there were 2.67m occasions of service at a cost of approximately $650m in MBS benefits (excluding co-payments), growing at an annual rate of close to 10% p.a.

This is achieving a substantial growth in population access rate, from 37% in 2006-07 to 46% in 2009-10 with almost all of this increase due to the Better Access programme.[1]

However, along with many others, we have deep concerns over the system level benefits that we are receiving from this investment:

- While the growth of funding is likely to be unsustainable, there are strong pressures driving this proposal. For example, in western Sydney, with high levels of social deprivation and prevalence of mental health issues, only half of our GPs are actively using the available mental health service options.
- Despite our relatively successful efforts to improve utilisation of Better Access and the use of mental health care plans, people in western Sydney experience relatively lower rates of access to Better Access psychology and psychiatry services despite higher relative burdens of mental illness.

[1] Whiteford, H. A., Buckingham, W. J., Harris, M. G., et al. (2014). *Estimating treatment rates for mental disorders in Australia,* Health Services Research, 38, 80–85.

- While Better Access has shown reductions in co-payments for mental health services[2] there remain substantial issues of equity of access and affordability in our region. Recent research shows evidence of inverse care law in operation – high rates of utilisation by the wealthiest localities with the lowest burden of mental illness[3].
- We have concerns that despite the undeniable impact of primary mental health investment we are not addressing the situations of patients who need it most; particularly those with combinations of mental illness, physical health needs and complex living circumstances. The consequence can be seen in the continued rise of psycho-social related benefit use, the highest cost component of MH support, estimated in the National Mental Health Commission Review[4] to be $4.7b p.a., accounting for 49% of all mental health related expenditure.
- Locally we see growth in Emergency Department (ED) attendances where mental illness or alcohol and drug are the presenting or contributory causes, with a disproportionate impact on overall ED resource utilisation and cost. Many of these presentations could be avoided by better options for integrated mental health services across primary, community and hospital based care.
- More broadly we see the impact on stretched social services, for example a study undertaken on behalf of NSW Family and Community Services[5] (FaCS), identified that 31% of all their clients have a mental illness or are directly affected by someone with a mental illness. These people are more likely to:
    - Access multiple services
    - Access crisis services
    - Have a longer durations of support and higher average costs of support.

The cost of FaCS services used by the 31% of people affected by mental illness, was estimated to be $1.78bn, or 42% of the cost of FaCS services. A crude estimate of the differential cost to FACS, compared to clients without mental illness, is $675m pa.

This situation has been well described across a range of reviews and strategies, from the recent National Review and in NSW by the state government and the NSW Mental Health Commission. We are proposing a way of effectively operationalising the intent of this work and recommendations into the local western Sydney context of primary based mental health care.

[2] Pirkis,J., Harris, M., Hall, W., Ftanou, M. (2011). *Evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule Initiative*. University of Melbourne Centre for Health Policy, Programs and Economics

[3] Meadows, G. N., Enticott, J. C., Inder, B. et al (2015) *Better access to mental health care and the failure of the Medicare principle of universality*, Med J Aust 2015; 202 (4): 190-194

[4] National Mental Health Commission, (2014). *Report of the National Review of Mental Health Programmes and Services* (Vol. 1).

[5] PWC (2013) *Impact of mental illness, drug and alcohol abuse on FaCS clients*. NSW Family and Community Services

The design and build of a fit for purpose, future focused mental health system for western Sydney

In shaping our thinking for this proposal we have drawn on the directions of mental health service development laid out within the National Mental Health Commission's recently released review of programmes and services, and the NSW Commission's 'Living Well' Strategy.

In particular the three core principles that underpinned the national review have informed our thinking:

- **Person centred design principles;** supporting self-care, resiliency, self-responsibility, enabling flexible responses as people's needs change, providing continuity of care while supporting choice of type and mix that works best for people and their families.

- **A more effective system architecture;** use of a general practice supported stepped care system approach that ensures that the level of care is targeted to need and can flexibly respond with integrated pathways that facilitate a seamless journey through the mental health system.

- **Shifting funding to more efficient and effective 'upstream' services and supports;** using flexible funding arrangements, good population and service utilisation information, local structures of commissioning and clinical governance to drive value for money and delivery of care by the most appropriate and effective provider within the system of mental health care.

We note the National Commission recommendations around supporting local change and reform - utilising local PHN capability to work in partnership to develop targeted, value for money interventions across the continuum of mental wellbeing and ill-health.

In this options paper we are seeking to demonstrate how western Sydney can support the development of a fit for purpose future focused system of mental health, building on a combination of capabilities that exist in our region. We are seeking to aid the Commonwealth's direction of reform by demonstrating that practical pathways to reform exist and help partner with the Department of Health and other key stakeholders to break through the reform log-jam in mental health.

The context of mental health in primary care, as seen from western Sydney

WentWest has been leading the development of both mental health services and integrated care in our region, alongside our partners in general practice, allied health, community mental health and social services and, via involvement with an integrated care initiative, with our Local Health District.

In western Sydney we have worked with GPs to improve access to primary mental health services, achieving a 59% participation rate in GP use of mental health plans and materially helping address inequalities of access to basic mental health care[6], although inequalities of access remain strongly evident in downstream Better Access and ATAPS services.

A crucial platform for a more systemic primary mental health approach has been formed through delivery of our ATAPS services, with 45% of our GPs using an electronic referral pathway to a centralised ATAPS triage service that then provides access to a commissioned network of ATAPS providers. The use of our LinkedEHR shared care tool provides a mechanism to share information and results across this network, meaning GPs have the capability and infrastructure to assume a role as a 'mental health medical home' in planning, referral, feedback and care plan review.

Currently western Sydney utilises $32m worth of Better Access – Medicare Services in Mental health (2012/13FY):

- $13m to Psychological Services (137,287 units of service, 290 psychologists)
- $7.7m of GP related MBS items, including Mental Health Treatment plans (91,973 units of service, 707 GP's)
- $12.1m to Psychiatric MBS items (83,369 units of service, 76 Psychiatrists)

Note that, relative to our population profile, we are approximately 10% below average national Better Access utilisation rates, despite concerted efforts to improve primary mental health in our region.

If we aimed to drive utilisation of the existing pattern of services to a level commensurate with our population, over the next three years, on top of the average Better Access growth rate of approximately 9%, it would imply growth of $13.5m to around $45.5M p.a. by 2018/19.

We think there are more effective uses of this resource to achieve the mental health outcomes needed in our region.

[6] Meadows et al (2015) op.cit.

The diagram below describes why.

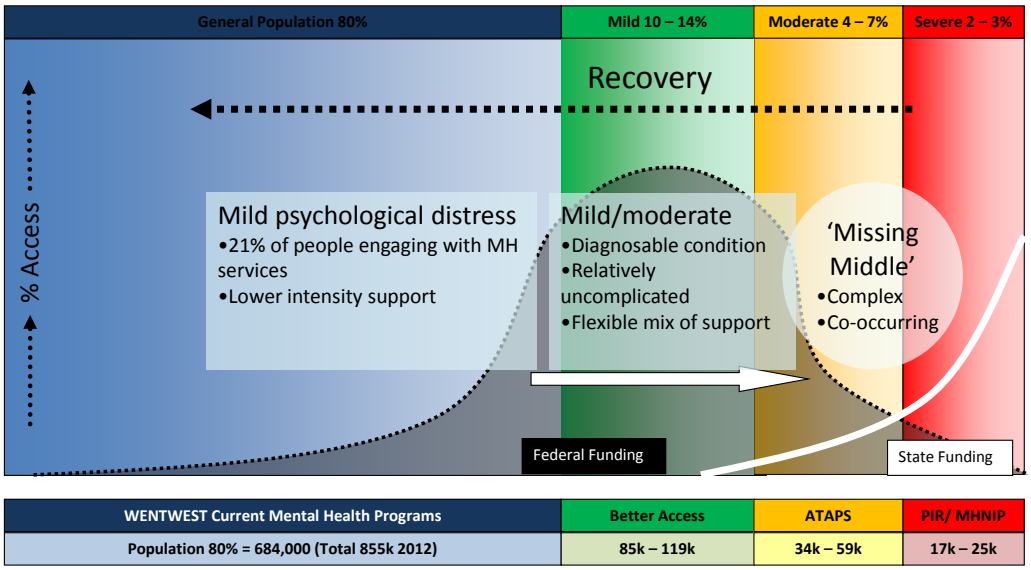


Figure 2 Schematic of relative access rates across the continuum of mental health – the 'missing middle'

The diagram shows our concern as an organisation involved in mental health support across the continuum of services. Looking across the continuum from Commonwealth to State funded services we see rising access rates for people with mild psychological distress and those with relatively uncomplicated mild/moderate mental illness but very low levels of access for what we term the 'missing middle'. The 'missing middle' are the vulnerable populations with combinations of moderate mental illness and complexity; drug and alcohol, comorbid physical conditions and social issues such as living circumstances.

People in the 'missing middle' have more complex needs than generally provided by uni-dimensional psychological support, yet are generally not considered 'severe enough' for constrained state mental health services. People in the 'missing middle' will attend ED seeking help, they have unstable employment and housing, they will struggle to maintain their physical health, they fall through the silos and divides of our health system.

ATAPS provides some level of support for this population who are often in the 'hard to reach' or facing more complex situations. However it is a relatively small funding pool. Based on the 2007 Mental Health of Australians National Survey of Mental Health and Wellbeing, it is estimated that approximately 1/3 of people identified with a mental health problem will seek services. We estimate that in our region 56,430 people would have sought mental health services if it was available. One of our goals from this proposal is to help address the uncertainty of the future of ATAPS and the associated service continuity and risk of loss of a skilled workforce from primary care.

At the other end of the continuum, using the information from the Mental Health Survey, we estimate that 21% of people engaging with mental health services do not have a mental health condition – they may be experiencing mild distress but not to the level requiring a structured mental health intervention when there are effective, lower cost alternatives.

Translating that into our context, we estimate that approximately 11,850 people engaging in mental health services in our region may be referred to as people experiencing situational distress and not mental distress/illness, whereby their mental health needs can be alleviated by self-management support services such as helplines and online support options.

Based on the two factors above, we estimate that this accounts for approximately $5 - $6.7m of existing Better Access funding.

At the severe end of the continuum, state based mental health services have struggled to improve access rates despite continued growth in real funding. WentWest recently completed a 'Mental Health Atlas' services mapping process with the University of Sydney, as part of our PIR development. This enables us to understand the functional mix of capacity in the region and compare this to international benchmarks using a standard taxonomy[7]. A summary diagram from the initial process is shown below:

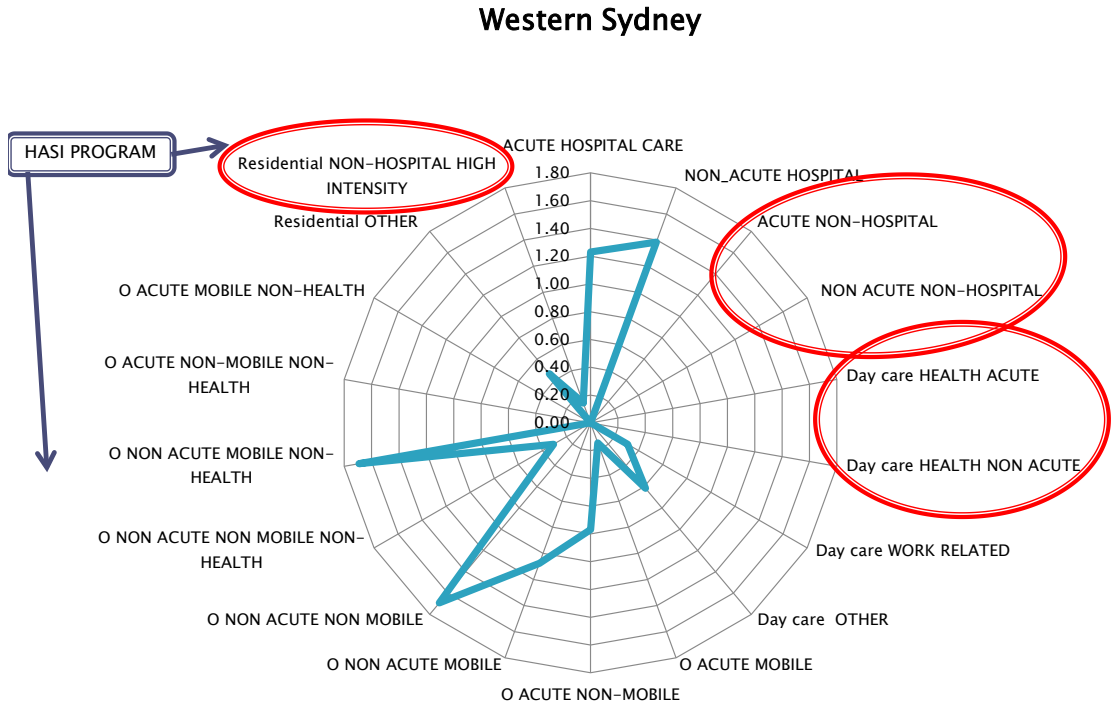


Figure 3: Functional Capacity Map Western Sydney

This highlights that there are substantial functional capacity gaps that are required to shift from an intensely hospital focused, reactive system of care to a more community based, closer to home, planned and integrated mental health system.

NSW Health has recently announced that these are the areas where it will invest in the future with initial funding commencing this financial year, aiming to increase access and support to the more severe end of the 'missing middle'.

As a partner with our Local Health District in a NSW Integrated Care demonstration site we have already successfully started co-commissioning of services to deliver more coordinated care with better outcomes and better value for money.

[7] Salvador-Carulla, L., Fernandez, A., Feng, X., Astell-Burt, T., Maas, C., Smith-Merry, J., Gillespie, J. (2015). *The Integrated Mental Health Atlas of Western Sydney-Draft for comments*. Brain and Mind Research Institute, Faculty of Health Sciences, University of Sydney. Western Sydney Partners in Recovery, Sydney

A funding innovation partnership

At the heart of our strategy is to lift the performance and effectiveness of mental health in primary care through a system that meets our "quadruple aim" of:

- Improved population mental health outcomes (including physical and behavioural health)
- Better experience of mental health care and support for people
- Better satisfaction for our clinical partners, especially GPs, their practice team and the local network of providers
- Improve value for money, whilst meeting the needs of mental health consumers

Our aim is to work with the Commonwealth to establish an outcomes based funding pool that:

- Helps shift a proportion of the $5 – $6.7m of Better Access funding (20%), towards lower intensity support that will maintain access rates but allow us to retarget funds towards high need.

- Provides a flexible mix of person centred supports for the bulk of the mild/moderate care, supporting continued increase in access rates and equity of access, as we grow the base of GPs using mental health care plans, but improve value for money. We would ultimately seek to influence perhaps a further 30% of existing funding towards a stepped system for this group.

- Utilises a proportion of future funding growth and existing ATAPS funding, to improve services and access rates;
    - For the 'missing middle', helping integrate primary based mental health with community, social and state funded supports. (including educational and vocational supports)
    - For earlier responses, especially for youth and young adults, providing early intervention and minimising risk of harm, reducing suicide rates

These are detailed later in this paper.

The benefit to the Commonwealth from this approach would be to both increase the value for money of the existing mental health spend and to influence the main drivers of avoidable costs in the system; unplanned acute admissions and growth in psychosocial disability benefits.

A major goal of this proposal is to establish a sustainable future funding path that enables us to jointly leverage the combined resources across the system as a whole, building an effective mix of primary, community and specialist capacity and workforce within our region. We see this as being a long term initiative requiring sustained multi-year effort. Confidence in the funding pathway will be an essential factor in success.

We see this as creating an environment that down the track can attract co-funding from other sources, including support from social services, social investment and private health insurance.

An opportunity to build a new model of primary mental health

On a broader basis WentWest is proposing a model of primary care innovation with the objective of ensuring the centrality of the patient in the provision of care; improved self-care, better access to the most appropriate help, continuity of support, improved health outcomes and well-being.

At the heart of this is the development of a 'person centred medical home' (PCMH) with an integrated response to physical and mental health needs.

Within this overall frame we see the opportunity to build a new model of primary mental health in western Sydney based on development of six foundational 'building blocks':

Figure 4 A new model of mental health in primary and community care

Building Block 1

Better options and choices to address peoples' mental health needs

The objective of the proposed innovation model is to ensure the centrality of the patient in the choices, options and care that is delivered across a multi-disciplinary team and network. Our aim is to provide support for self-care, resiliency, self-responsibility, enabling flexible responses as people's needs change, providing continuity of care while supporting choice of type, mix and location that works best for people and their families.

The foundation of this is a social contract; firstly with GP practices who 'opt-in' to participating in the development of the PCMH for mental health and secondly the voluntary enrolment of patients with mental health needs into an active, stable partnership of self-care, layered support and comprehensive continuous care that the medical home approach brings.

Enrolment will need to offer clear benefits to patients across the spectrum of mental health issues and needs, for example 'light' access to self-help support materials for those with mild mental health needs, through to shared care plans and continuity of care support for those with more complex needs.

Building Block 2

GP support for a person centred, medical home and medical neighbourhood for mental health

Clinical support for a better way is the foundation of our strategy to build the performance and impact of mental health in primary care – a 'medical home' and 'medical neighbourhood' for mental health.

Starting points

In our region over 45% of our GPs have already partially or fully implemented changes to clinical practice, referral and follow-up that are the building blocks of a mental health medical home:

- Consistent use of mental health plans
- Utilisation of the WentWest LinkedEHR to support connections, referral and communications across a trusted network of providers
- Utilisation of the LinkedEHR clinical triage support system for step up care (e.g. ATAPS)
- Integrated patient centred care planning, navigation and support (via our PIR systems)
- Patient portal for access to self-care and support
- Practice based service utilisation, performance and outcomes feedback

With MBS data showing 59% of our GPs are using mental health plans this indicates that approximately 75% of all GPs active in planned mental health care management have already started to engage with the core components of the proposed mental health medical home.

Support across the range of General Practice readiness and capability

A key element of our approach is to make the 'opt-in' model attractive to GPs across a continuum of readiness and capability: From practices and GPs with the capability and capacity to 'host' a fully- fledged, multi-disciplinary comprehensive PCMH, that includes mental and physical health, through to smaller practices with more limited capacity and mental health skills who can rely on an activated network of support to act on their behalf.

For practices ready as a PCMH we envisage integrated and or co-located services that include:

- Shared mental health planning
- Triage and measurement support
- GP, Practice Nurse, and practice team education and training support
- Practice team training and skills in self-management and brief interventions
- Consultation liaison service
- E-referral and LinkedEHR to support integrated care and clinical triage
- Patient portal

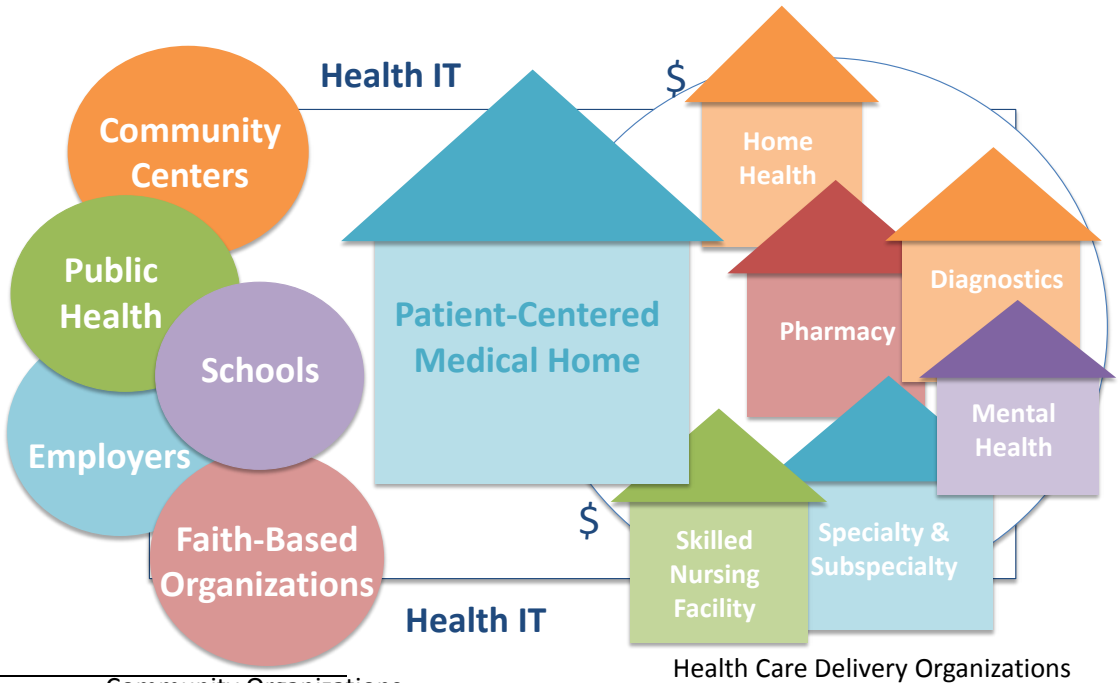
To support this level of implementation practices can opt to include the full funding streams accessible through primary and integrated mental health sources, as described later.

For smaller practices with limited space, time and resources the practice may choose to 'opt-in' to the level of completing the person centre care planning but draw on a 'virtual' PCMH for mental health to provide a full service triage, referral, stepped care treatment support and continuous follow-up.

At this level the general practice team may continue to provide fee for service mental health planning but be able to participate in a proportion of the value based remuneration based on meeting quality requirements needed to support the overall system. Options between these two levels can be tuned to suit the circumstances and needs of individual practices.

A medical home and medical neighbourhood

A medical neighbourhood is defined by the Patient Centred Primary Care Collaborative[8] as a clinical/community partnership that includes the medical and social supports necessary to enhance health. The PCMH serves as the patient's primary 'hub' and coordination point, helping to facilitate the flow of information across and between the patients, clinicians and the non-clinical social supports that are actively part of a rounded multi-dimensional plan of care.



[8] https://www.pcpcc.org/content/medical-neighborhood

Figure 5: The Patient Centred Medical Home and Neighbourhood

Our work as a PIR lead agency provides the foundation of understanding of the networks of services and supports that can be mobilised to support effective patient care. A central part of our proposal is to build on the relationships, systems and processes developed in PIR for intensive person centred planning, coordination and navigation. The goal is to extend this capability and better connect it to the hub and coordination capability that will be developed within the PCMH.

Building Block 3

Commissioning a stepped care system of response

Our aim is to support the PCMH and Medical Neighbourhood through the commissioning of a stepped care system of response across providers. This is an approach that will strengthen the central role of GPs in enabling person centred integration across physical, mental and behavioural health.

- Supporting person centred care, motivating patients to play an active role in their own care with self-management education and suitable options of support
- Integrating care for physical and mental health, including the effective and relatively low cost psychosocial supports that are accessible in the community
- Create the practical pathways that enable a range of interventions better tailored to the level of need that makes most effective use of the resources available and facilitates access
- Establish the coordination infrastructure of information sharing, communication and roles that enable the response options to function as a system of care

The National Mental health Commission has recently advocated strongly for the development of such an approach:

> *"A stepped care approach supports Australians to take greater responsibility for their own mental and physical wellbeing. A new service paradigm is needed to support that choice and responsibility. Significant advances occurring in e-mental health provide the opportunity to encourage a society where self-help is more fully integrated in the system, and that people know where to go and how to get access to the specific information and support they need. It does not obviate the need for face-to-face care when necessary, but it does reduce the need for expensive services for those things which people can do for themselves, or with their families or other support people. That creates efficiencies but also enables cost-effective use of the time and skills of clinical and other professionals—and frees up the valuable personal time of individuals.*
>
> *The Commission considers that one of the most fundamental elements of the stepped care approach lies in the general practice and primary health care sector and that a fundamental design feature for reform involves integrating physical, mental, social and emotional health and wellbeing within primary health care.*
>
> *Stepped care services would range from no-cost and low-cost options for people with the most common mental health issues, through to options to provide support and wrap-around services for people with severe and persistent mental ill-health to live contributing lives in the community."*

Building on experience from UK and New Zealand our preliminary commissioning design for Stepped Care in western Sydney includes:

- Step 0: Entry Stage – General Practice Consultation / MH plan
- Step 1: 'Self Care - Watchful Waiting' – 'Blue prescriptions' / 'green prescriptions'
- Step 2: Low Intensity Interventions - Brief Group Education Interventions / e-Therapy / Integrated physical care
- Step 3: Medium Intensity – similar to current Better Access
- Step 4: High Intensity, complex navigation support in primary/community based service
- Step 5: Very high intensity – partnership with western Sydney LHD services

These are shown in the diagram below:

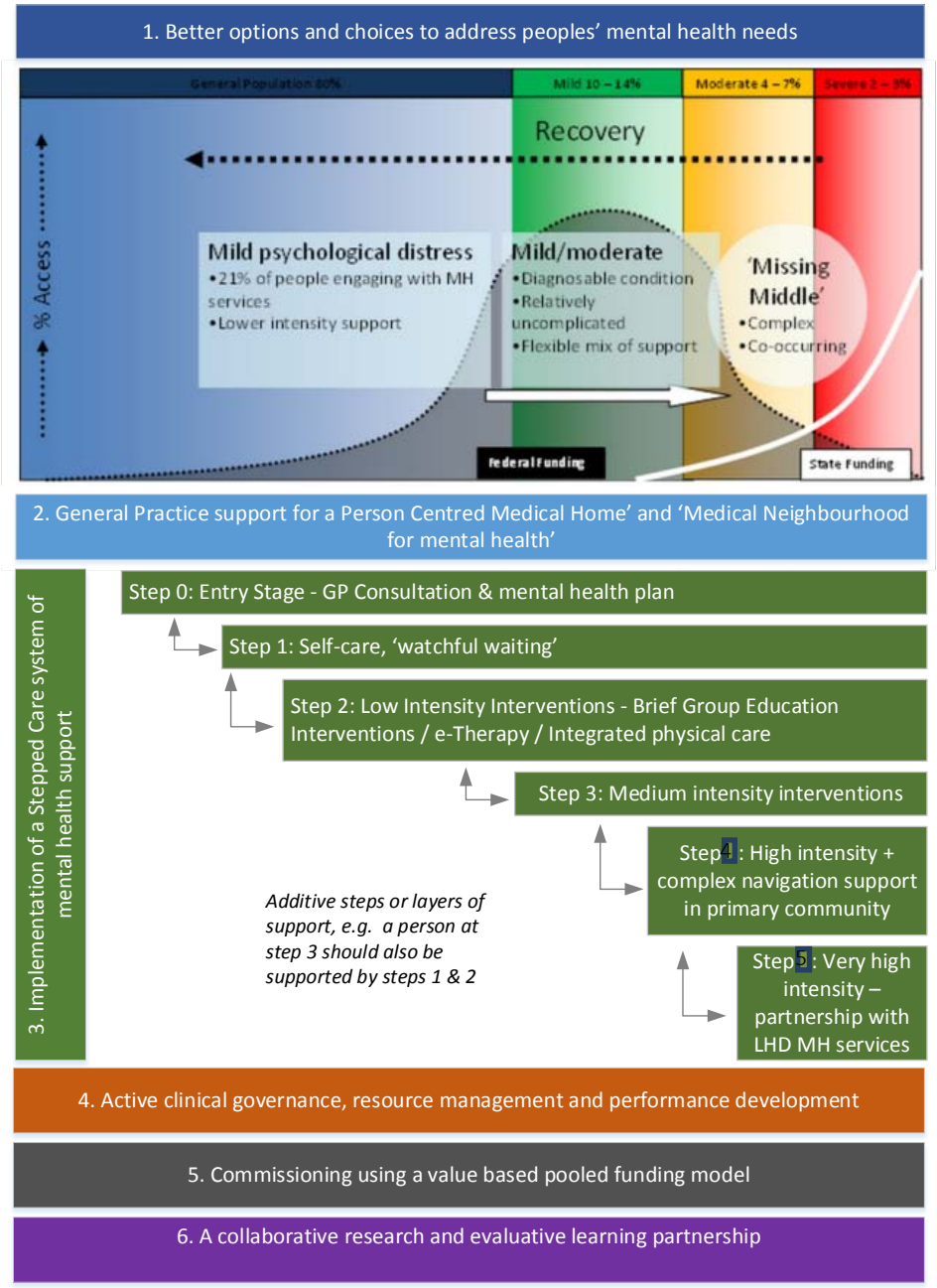


Figure 6: An integrated stepped or layered system of care

Step 0: Entry Stage - GP Consultation / Mental Health plan

With feedback and quality improvement support from the ATAPS programme the quality of GP Mental Health plans has been steadily improving in our region. In the proposed model mental health planning forms the critical platform of assessment and dialogue with the patient to navigate to the appropriate level of 'stepped care' that best matches needs to the services provided. Not all GPs have the skills, time or interest to undertake comprehensive mental health planning, therefore a key part of the PCMH capability is a team based approach that provides support for this function. This emphasis of the team approach assists with the ability to provide continuity of care at the Primary Care level.

Central to the process is the use of structured pre/post outcomes assessment, (e.g. K10) that will support our outcomes based funding and performance improvement model.

Step 1: Self Care and 'Watchful Waiting'

The majority of GPs are able to identify emerging mental health issues during consultations and help patients prioritise what matters to them, including whether they wish to access mental health service support or work on their own solutions first. The main function of step 1 is to encourage self-care and support through 'non service' responses, including exercise on prescription, "green prescriptions", and self-help web sites, books on prescription – 'blue prescriptions".

Within a PCMH system of support this step may also include an active 'watchful waiting' process that involves a GP or PCMH care manager using an extended consultation and mental health planning process with an offer of a follow-up appointment to the patient within a two week period. In most cases for mild to moderate presentations step 1 should be attempted first before stepping up in the level of response.

A well-functioning step 1 is critical to enabling the whole service to function appropriately. It helps manage demand and also prepares people for more 'formal' interventions when required.

Step 2: Low Intensity Interventions - Brief Group Education Interventions / e-Therapy / Integrated physical care

In the preliminary design for step 2, GP referrals and self-referrals will go through an electronically enabled referral moderation and step selection (LinkedEHR). Self-referrals can be accommodated (e.g. as undertaken within the New Access demonstration sites) in order to open the door to access for those who may not seek support via their GP. Low Intensity interventions will have a range of options including:

- E-therapies including the possibility of telephone follow-up support
- Psycho-social education – including establishment of a 'recovery college' and peer support
- New Access mental health coaching

The key change here is that those with mild, relatively uncomplicated psychological distress are handled at a lower level of intensity first (to address the $6.5m spent on this cohort).

However this needs to be accompanied by a process of active review to ensure that the chosen starting point is effective. At step 1 this requires a 'light' approach, for example a telephone follow-up and reassessment. If issues remain then alternative step-down options should be explored, both within this level or a 'step up' if appropriate.

Step 3: Medium Intensity – Better Access style psychological therapies

Better Access is well established and provides efficient access to psychological therapies for relatively straightforward high prevalence mental health conditions. Within this proposal we would envisage this continuing to have a central role but with better targeting and triaging to level of need.

The key changes would include:

- Opt-in of the regions current registered and clinical psychologists to participate in the extended 'Patient Centred Medical Neighbourhood'
- Use of the LinkedEHR capability for shared mental health plan development, information exchange and shared care coordination
- Consistent use of agreed outcomes measures

Step 4: High intensity, complex navigation support in primary/community based service

In the WentWest region there is approximately 17,000 to 25,000 thousand people who are experiencing severe and persistent mental illness. Estimates indicate that only 5100 to 7500 people who experience persistent and severe mental illness engage with mental health services.

WSLHD are looking to support people with persistent and chronic mental illness in a community setting, especially to support the integration of mental and physical health, e.g. for patients medication such as Clozapine or Risperidone which requires regular metabolic screening.

Under this step we would support the creation of mental health hub capabilities in larger medical practices that have the space and capacity, under the pooled funding arrangement these would also support the PCMH for smaller local practices as part of a wider 'Medical Neighbourhood' approach. We estimate that there are 15 Medical Practices that could support such a model and expect that more will develop this capability as the broader PCMH strategy is rolled out. Note that this level of support can be both a step up service from GPs and act as a step down service for state mental health patients returning to community care.

Step 5: Very high intensity – partnership with western Sydney LHD MH services

At this step we envisage a shared care partnership model operating with western Sydney Local Health District support that will provide general practices with a funding model that enables active community based care including coordinated physical and mental health, medications management support and shared care coordination functions.

A major focus at this step is the development of wellness plan and advanced directives that engage a multi-disciplinary team, and actively manage health care to prevent hospitalisations and care for people in the community.

Experience from New Zealand models of PCMH for mental health support are demonstrating that where practices have access to psychiatrist and mental health nursing support and can function as part of a community based care team, then they are effective in reducing demand for ED and acute care.

Building Block 4

Active clinical governance, resource management and performance development

WentWest has built an effective clinical governance, resource management and performance development capability in mental health through our ATAPS, PIR and training programmes. This utilises the AMLA clinical governance framework and has meet accreditation and ISO 9000 requirements.

A critical challenge for the future will be an active process of clinical governance, resource management and performance development that can enable safe, effective care across the stepped care system while managing the risks associated with a blended, value based reimbursement system.

To address this the existing foundation will be further developed to fit the PHN co-commissioning role and the broader needs of a PCMH based system of care. We envisage this including:

- Integration with the role of Clinical Councils and Consumer Advisory Councils to support overall direction and governance
- Collaborative development of the standards and accountabilities for effective operation of the PCMH and Stepped Care Framework with local and national stakeholders
- Creation of effective partnerships across clinicians and managers across the PCMH and Medical Neighbourhood network, including shared information and intelligence that enables ongoing monitoring of functioning and performance
- Establishment of operating and financial risk management processes that are able to actively respond to the patterns of utilisation of services within the stepped care system
- Establishment of a strong and effective learning and evaluation environment – see building block 6

Building Block 5

Commissioning using a value based pooled funding model

Building on the direction of reform and development that led to the establishment of PHNs with a role to drive local commissioning to address national and regional priorities we are proposing the development of a new funding model. The aim to utilise the WSPHN commissioning capability and a blended value-based pooled funding resource to support the evolution of the PCMH and Medical Neighbourhood as part of a both a stepped care system for mental health and an enhanced PCMH in primary care. Our proposal is to blend resources from:

- MBS payments for GP MH care planning and reviews (either as existing fee for service or as part of a broader PCMH care planning and coordination model)
- A ‘cashed-out’ bulk or capitated funding resource at a level commensurate with existing trend of ‘Better Access’ MBS payments for GP MH treatment, Psychological Services and Psychiatric treatment for practice populations;
- Pooling of existing and planned ATAPS funding

The funding from both the capitated MBS support and ATAPS would be directed to the ‘stepped care’ model within a commissioning process to form a network or alliance of providers with appropriate balance of

capacity across all 'steps'. The aim will be to support a move from increasingly unsustainable quantity of care to quality and targeting of care.

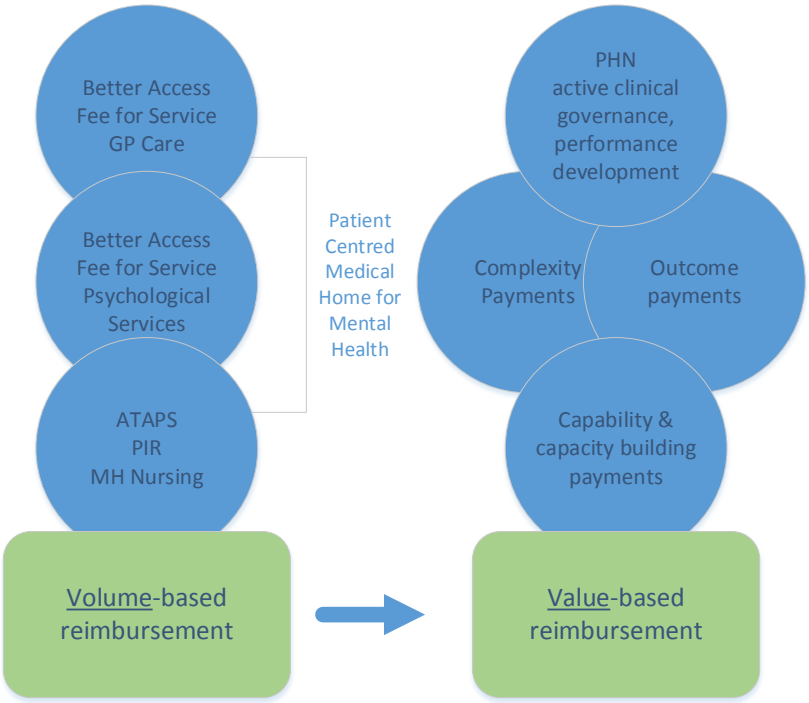


Figure 7: A move from quantity to quality

In the future further funding sources could participate in this structure, including;

- PHN Innovation funding for system establishment
- Future PIR funding or equivalent NDIS supported resources
- Co-commissioned LHD resources, where appropriate, to reduce avoidable hospital admissions and integrating 'step-up' and 'step-down' support services

How to fund the proposed model of care

For example the existing funding potentially 'in-scope' for the pooled resource in western Sydney could include:

- Better Access funding
- ATAPS funding
- MH Nursing resources

Note that relative to our population profile we are approximately 10% under average national Better Access utilisation rates, despite concerted efforts to improve primary mental health in our region.

Under current policy settings we would expect that increasing utilisation of services to a level commensurate with our population, and current trends of Better Access growth would imply funding growth from $32m to around $45.5M p.a. by 2018/19.

As a first step we propose the creation of a pooled funding resource that incorporates part of the future funding growth path as a commissioning pool to both develop the stepped care system and facilitate movement to the value based reimbursement model.

Complexity payments

A key feature of the proposed value-based reimbursement model is to commission the provision of services based on the complexity of issues the patient is facing. The description below represents a preliminary analysis of how this might work if applied to the overall western Sydney region.

People with mild or transient psychological distress

- Meet the needs of the estimated 21% of patients with mild psychological distress (approximately $6.5m of current Better Access support of expected future funding), at a lower intensity 'Step 1' or 'Step 2' level of support
- Utilise the stepped care system to reduce average cost per instance of service
- Access rates for this cohort of people may well increase under this model

People with mild to moderate psycho-social impairment

- The next cohort of people, with a diagnosable mental illness but relatively moderate levels of functional impairment and uncomplicated circumstances will include those both with 'moderate' severity mental illness and a smaller group of people with a diagnosis of a 'severe' illness who are currently in non-acute stages of recovery in the community
- We estimate this cohort to include approximately 50% of current service instances
- Under the 'Stepped Care' model these people will gain access to a personalised package of combinations of Steps 1 – 3, (these estimates require research and modelling in the set up phase of the initiative)
- Experience from UK and NZ applications of 'Stepped Care' indicate that ultra-brief, educational, e-therapies and group peer support can be effective for a reasonable proportion of this cohort
- The average cost per instance of service is expected to be slightly less than current models

People with moderate psycho-social impairment and complex co-morbidities or living circumstances

- This cohort represents the 'missing middle' group which are currently only partially served by Better Access and ATAPS services;
    - People with moderate severity illness but more complex health and social circumstances
    - People with emerging mental health issues where earlier, non-acute phase support can mitigate risk
    - People 'stepping down' from specialist mental health services who could benefit from primary health based clinical support in conjunction with community (NGO) services supported by the LHD
- Our goal is to increase access rates for this group, again using a combination of the most appropriate and personalised mix of steps 1 – 4, reinvesting resources from low needs services to better target need.

Performance based payments

General Practices and other partners in the PCMH/stepped care system would be eligible for performance based payments that recognise the achievement of targets for improvement in quality, equity and effective use of resources.

As with our proposal for a general PCMH, WSPHN would assess the performance of the enrolled patients against targets related to:

- Patient reported outcomes measures and patient reported experience measures

- Clinical outcomes (both physical and mental health), relevant to the patients situation and complexity
- Other targets as agreed, e.g. decreased unscheduled ED attendances, unplanned readmissions – where payments could be funded through shared savings with the hospital system

Capability and capacity building payments

The establishment of a team based PCMH for mental health requires an investment in change, capability and capacity development. As part of the commissioning process WSPHN would invest in development of capability and services in a balanced fashion, both within general practices and across the core components of the stepped care system.

It is likely that elements of this capability and capacity investment could be co-funded by the Local Health District since this would align well with the service investment directions of NSW Health.

PHN system organisation, clinical leadership and performance improvement

The final area of funding deployment relates to support for the organisation, clinical governance and performance improvement of the PCMH – MH and stepped care system of support. This includes:

- Investment in core information capability that links the PCMH network
- The step triage and coordination system that enables progressive options of layered support based on people need and choices
- A strong clinically led 'intelligence' and performance improvement capability
- Organisational network support, to facilitate coordination across the system of practices and providers who contribute to team based mental health support
- Integration with PHN commissioning processes for resource deployment across the stepped care system and clinical governance, e.g. as supported through the Clinical Council

Building Block 6

A collaborative research and evaluative learning partnership

The final building block is the utilisation of a collaborative research and evaluative learning partnership. This partnership will build the platform of understanding and learning needed for success in western Sydney and accessible learning to support the spread and scale of the approach more widely. WentWest is planning to build on its established research, design and evaluation partnerships with University of Sydney (Menzies Centre for Health Policy) and Synergia, a health services consultancy and evaluation organisation who has extensive experience in mental health services, system development, continuous improvement and evaluation.

In addition, WentWest can leverage the Partnership for Education, Evaluation and Research (PEER-WS) – a joint initiative between WentWest and the academic departments of general practice at the Universities of Sydney and western Sydney. The partnership builds on the three organisation's commitment to quality general practice and primary care across the region, and actively seeks opportunities to promote, support and coordinate innovation in primary health care delivery, teaching and research in western Sydney.

We intend to utilise processes of co-design and participative developmental evaluation that will support rapid cycles of learning, adaptation and refinement to ensure that we are driving for the person centred, clinical, operational and financial performance results needed. This approach supports improvement of the program or intervention as it develops and informs how the model of care can be enhanced or replicated in the future.

We welcome collaborative partnerships with other PHNs in this development and learning process.

How do we envisage this working in practice?

At a system and regional level

We see the development of mental health as one of the significant opportunities to drive the development of the role, structure and function of PHN as an effective local change agent within the context of the emerging system reform agenda from both Commonwealth and State. The linkages to supporting the reshaping of the primary health environment though the PCMH and funding have been described earlier. This proposal is well aligned with a strong State reform agenda in mental health and integrated care, where western Sydney is an integrated care demonstration site, a partnership between western Sydney LHD and WentWest. There is a common Commonwealth and State interest in hospital avoidance where combinations of mental ill-health, chronic conditions and vulnerability are contributing influences.

At a local level we are confident can deliver system level innovation; building in the strong relationships with our LHD, utilising our strong Board and the Clinical Governance Committee of the Board, Clinical Council and Consumer Advisory Council and organisational connections to our provider community to support engagement in the co-design of an innovative system of care.

At a general practice level

A central part of our proposed is a system design that can work with the full range of capability of both general practices and is allied health; From practices and GPs with the capability and capacity to 'host' a fully-fledged, multi-disciplinary comprehensive PCMH, that includes mental and physical health, through to smaller practices with more limited capacity and mental health skills who can rely on an activated network of support to act on their behalf.

Participation at each level is voluntary, however participation at any level represents a term of commitment to supporting the core elements of the overall system:

- Use of measurement in structured mental health planning and review
- Use of the triage/referral system
- Use of LinkedEHR
- Agreement to levels of practice support and funding stream participation depending on size and practice capability

For our network of psychologists we envisage the options ranging from full integration with the PCMH and hubs as an integral part of a multidisciplinary team, a more virtual linkage as part of a connected 'medical neighbourhood' or options to remain a valued but independent member of the stepped system of care.

At a patient level:

In essence we are proposing:

1. Patients presenting with psychological stress or with a preliminary diagnosis of mental ill-health are offered advice on their options and invited to enrol in the PCMH mental health support.
2. GPs claim existing MBS items for mental health consultation and planning. GPs will continue to operate this function and in addition receive practice based support for the establishment and maintenance of the MH Medical Home capability (at varying levels).
3. GPs forward a preliminary MH treatment plan, including pre-treatment measurement on K10 or equivalent through to the 'Stepped Care Triage' service, using LinkedEHR.

4. The triage service helps manage the 'step selection' and referral process with a graduated level of navigation support to help people access the right care across the network.
5. Every support or treatment process includes a structured review, retest and elements of 'feedback informed therapy' that is fed back to the GP medical home using LinkedEHR.
6. 'Step up/down' are coordinated by either the GP, Practice Nurse or Triage Centre, depending on the level of confidence in handling the support issues involved. Consultant liaison psychiatry services are made accessible through phone or regular practice visits.
7. Support services such as group education or peer support would be coordinated across the network but supported by appropriate community based organisations.
8. Patients can access their own plan, etc. through LinkedEHR portal including support for family and carers.

Creating the new model – proposed process for implementation and realisation of benefits

We are proposing a two stage joint design and development process in collaboration with the Department and local stakeholders.

Clinical, system model and business case development.

At this stage we are requesting an 'in principle agreement' and innovation support to take this options paper to the next stage of design including rapid collaborative development and modelling of the clinical, operational and financial business case. We envisage this as an opportunity for the Department to participate in exploring the implications of policy and funding changes in a real world applied setting. We would aim for this stage to be completed by April 2016.

Demonstration development

Subject to the demonstration of a viable operational and policy pathway forward we would envisage drawing down on a more substantial innovation funding package by June 2016 to establish the basics of the PCMH and stepped system of care. The focus, scale and geographical coverage of the demonstration would be determined in collaboration with local stakeholders and the Department during the business case development. However we are sufficiently confident of the core design components that we would not treat this as a pilot but one of phased development of a future focused system of care that warrants a commensurate investment in establishment.

Cross region and PHN collaboration

We are aware of similar interests and thinking emerging across a range of regions and PHNs with a group of PHN CEOs already committed to forming a reference group as a basis for future cross PHN collaboration. We welcome the opportunity to use this proposal as a platform for cooperation on a larger scale development initiative, with the caveat that not all PHNs are at the same stage of development. We see an urgency in enabling those with relatively intact organisational capability to stand up and take the lead, to use the benefits of our intact teams and retain our skilled workforce by engaging them in delivering on the next stage of high impact reform.

A call to action…

In the next few months we are anticipating the release of the Commonwealth Governments response to both the recommendations of the Mental Health Services Review and the Primary Healthcare Advisory Group.

We believe the proposals outlined in this paper will be well aligned with the direction of those responses and represent a practical, locally grounded opportunity for the Government to demonstrate how, and where, the next steps in developing an integrated and high performing mental health system in primary care can be delivered.

We believe there is a low risk opportunity for government to launch a mental health initiative in western Sydney through the release of innovation funding to take this proposal to the next stage of design. This initiative could be commenced now to align with the release of these government responses.

Acknowledgements

WentWest would like to acknowledge people with a lived experience of mental illness, their families and carers. We recognise that your knowledge and experiences contribute to a better mental health system to creating better care and outcomes for all.

We also want to acknowledge the contribution made by the consortium members of the western Sydney Partners in Recovery (WSPIR) and ATAPS steering group members for their contribution. Members of these groups provided the context and clarity on how WentWest as a Primary Health Network can assist with the continuing improvements of the mental health systems and services in western Sydney.

Lastly we would like to thank Allison Kokany (Consumer Consultant) for her valuable insight to the consumer's journey. This was pivotal in developing this proposal paper.

WentWest has been focused on providing better health care in our community since 2002. We do this as the Western Sydney Primary Health Network.

We connect health services to meet local needs and strive for better health outcomes for western Sydney. We do this in partnership with doctors, allied health professionals, the local health district and many others.

WE ARE HERE TO HELP.

WentWest

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