Western Sydney Mental Health Toolkit

Continuous Quality Improvement



The aim of the WentWest, the Western Sydney Primary Health Network, Continuous Quality Improvement (CQI) Mental Health Management Toolkit for Primary Care is to build capability and capacity by equipping primary care providers with practical resources and strategies to effectively manage, support, and improve mental health care while implementing sustainable CQI practices.

phn WESTERN SYDNEY
An Australian Government Initiative

WentWest

WentWest the Western Sydney Primary Health Network, acknowledges the First Nations peoples of Australia as the Traditional Custodians of the land on which we work and live. We pay our respect to Elders past, present and future and extend that respect to all Aboriginal and Torres Strait Islander peoples within Western Sydney



Acknowledgements

This QI toolkit has been developed by WentWest - Western Sydney PHN and PHN's nationally through the PHN Cooperative, the National Improvement Network Collaborative (NINCo), and the National MyMedicare PHN Implementation Program.

We acknowledge that some resources used or referenced within this toolkit are from organisations including the Department of Health, Disability and Ageing (DHDA), Services Australia, Royal Australian College of General Practitioners (RACGP); Best Practice; and Medical Director. These organisations retain copyright over their original work. Referencing of material is provided throughout.

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Where to get help?

Western Sydney Primary Health Network
E: support@wentwest.com.au
P: (02) 8811 7117
www.wentwest.com.au

Introduction

An estimated 44% (8.6 million) of Australians aged 16–85 have experienced a mental health condition in their lifetime, while 21% (4.2 million) have faced such a condition in the past 12 months.

Why is Mental Health Important?

Mental health challenges affect thoughts, mood, and behaviour, impacting daily functioning, work, and relationships.[1]

Mental Health conditions range from mild to severe, with common diagnoses including depression, anxiety, schizophrenia, and bipolar disorder. Early recognition and treatment improve outcomes, and effective treatments include therapy, medication, social support, and lifestyle modifications. Treatment focuses on supporting individuals to manage challenges and improve their overall well-being.

The Royal Australian College of General Practitioners (RACGP) recognises that primary care providers are at the forefront of detecting and managing mental health conditions like depression, anxiety, and intimate partner violence.[1] These problems may lead to heart disease, diabetes, or other conditions so being physically and mentally healthy in day-to-day life can make a big difference.

Navigating this toolkit

This toolkit includes practical, flexible activities that are **not sequential**. We recommend starting with **Section One – Practice Readiness** to assess your current state. U se the **links below** to navigate directly to each activity section.

02 Module 1: Leadership – Preparing your practice

09 Module 2: Data-Driven Improvements

15 Module 3: Person-centred team-based care

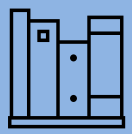
21 Module 4: Appendices

Use the **Model for Improvement** and **Plan-Do-Study-Act (PDSA) cycles.** to test changes, drive progress and embed high-quality mental health care

Tools and Enablers



Better Access Mental Health



GoShare



HealthPathways



PenCS Suite

Changes to Mental Health MBS Item Numbers from 1 November 2025

From 1 November 2025, reforms to **Better Access** Mental Health initiative take effect.

The **Better Access initiative** provides Medicare rebates for eligible Australians to access the **first course of treatment 6 services** and following a written report from the allied health professional to the referring GP**, a referral for the balance of 4 services.**

This provides patients access to 10 individual and 10 group mental health services each year from GPs, psychiatrists, psychologists, social workers, and occupational therapists.

Key Changes

- **Removal of the 12 review and mental health consultation items** providing greater flexibility to use **general time-based attendance items (Level C/D/E)**.[1], reflecting the time spent with patients.

- A Medicare benefit will only be payable for MHTP preparation, referrals for treatment services and reviews of a MHTP when a patient has seen either a GP/PMP at the patient's **MyMedicare*** **registered practice** or if the patient is not registered with MyMedicare, their **usual medical practitioner**.**

    - *** A patient's usual medical practitioner is someone who has provided the majority of services to the person in the past 12 months or who is likely to provide the majority of services to the person in the following 12 months. This includes other GPs and PMPs who are employed at the patient's usual medical practice.*

    - Telehealth (video) general attendance items (C and D) are available for MHTP reviews and can be billed for all patients.

    - *Phone Level C and D general attendance items are only able to be billed for MyMedicare registered patients if you are the patients' MyMedicare practice.

Please refer to the WentWest MBS Quick Guide for MBS criteria, descriptor and fact sheets.

Module 1

Leadership – preparing your practice

On completion of this module:

- Understand the Better Access mental health reforms and mental health services available to enhance patient care
- Building awareness and confidence in accessing, coordinating, and promoting mental health services within your local system.

Better Access and GP Mental Health Treatment Plans (GPMHTP)

The **Better Access initiative** improves mental health care by providing Medicare rebates for services delivered by general practitioners (GPs), other medical practitioners (PMPs), psychiatrists, psychologists (clinical and registered), eligible social workers, and occupational therapists. It promotes **person-centred, team-based care** through early intervention, assessment, and referrals, with care coordinated under a **GP Mental Health Treatment Plan (GPMHTP)**.

GPs, PMPs and Psychiatrists can create and review a MHTP provided both the practitioner and patient meet the **eligibility criteria**. Occupational Therapists, Psychologists, Social Workers and Mental Health Nurses can provide services under the plan once a referral is made by an eligible practitioner.

Patients must have a diagnosed mental disorder and be likely to benefit from structured, coordinated care.

GPs who have completed **accredited mental health skills training** can claim **higher-level Medicare rebates** for preparing GPMHTPs. *(Refer to the 3.2 Activity - Mental Health MBS Items Guide for full details.)*

Practice Resources

- **Better Access - fact sheet – professionals**
- **Better Access - GP mental health treatment plan template**
- **Better Access - Telehealth frequently asked questions**
- Service Australia **Infographics** - Eligibility for mental health treatment services
- Service Australia **Infographics** - Better Access - Allied Health Services
- Service Australia **Infographics** - Eating Disorders Treatment and Management Plan (EDP)
- Service Australia **Infographics** - Eligibility for treatment services under EDP

Click here for the Better Access Initiative resource collection

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National MyMedicare PHN Implementation Program

Key Features of the Better Access Initiative: GP who **has** undertaken mental health skills training





Mental Health Treatment Plan





Review or Consultation





Review or Consultation

Schedule review appointments as clinically relevant, not more than once every 3-months, or within 4 weeks of the preparation of a MHTP unless in exceptional circumstances such as a significant change in their mental health condition. Return to referring practitioner for Review/ Consultation

On completion of course of treatment, referring practitioner will assess if the patient needs a subsequent course of treatment. Use time tiered general attendance items **Level B, C, D, E**



Mental Health Treatment Plan (MHTP)

AN .0.56

- **Face-to-Face** items by a GP who **has** undertaken mental health skills training **MBS** 2715, 2717
- **Telehealth** items by a GP who **has** undertaken mental health skills training **MBS 92116, 92117**
- **10 individual treatment services** per calendar year **Initial course of treatment** - a maximum of **6 services**.

Subsequent course of treatment - a maximum of 6 services up to the patient's cap of 10 services per calendar year (for example, if the patient received 6 services in their initial course of treatment, they could only receive 4 services in a subsequent course of treatment provided within the same calendar year). If a patient has exhausted all 10 individual services, they may be eligible for up to 10 group therapy mental health treatment services. Group therapy mental health treatment services must be on a separate referral to a referral for individual mental health treatment services. See explanatory note **MN. 6.2 and MN. 7.4**



Review or Consultation

MN. 6.3

- Use **general attendance items**, including time-tiered options to review, refer, and provide ongoing mental health consultation. Level B, C, D, E
- For tracking or recalling patients, use clinical coding in the 'reason for attendance.
- GN. 15.39 **See explanatory note – practitioners should maintain adequate and contemporaneous records.**



Case Conference

Consider Case Conference with care team

MBS Items: 930 933 935 969 971 972 937 943 945 973 975 **986**

MBS item choice for case conferencing depends on practitioner type and if GP is organising or participating



Family and Carer Participation

Consider the important role a family member or carer can play in supporting patients with mental illness.

Up to 2 services provided to a family member or carer per calendar year and this counts towards 10 treatment services per calendar year. Patient consent required and patient may not be present during the delivery of service.

For further information on involving another person in a patient's treatment, refer to explanatory note MN.7.5 – Family and Carer Participation.

Through **Better Access**, eligible patients can claim a Medicare benefit for up to **10 individual and 10 group mental health treatment services per calendar year**. These services consist of psychological therapy provided by eligible clinical psychologists (refer to explanatory note **MN.6.2 - Provision of Psychological Therapy**); and focused psychological strategies provided by GPs, PMPs and eligible psychologists, occupational therapists, and social workers (refer to explanatory note **MN.7.4 – Provision of Focused Psychological Strategies**).

Referrals and other MHTP Considerations:

Referrals

Once a GP Mental Health Treatment Plan has been completed and claimed on an appropriate Medicare service, a patient is eligible to access relevant treatment and referral options.
Referral requirements for Better Access Treatment Services.
Relevant treatment and referral options consist of support services, psychiatric services, and relevant services provided under the Better Access initiative.
The Initial Assessment and Referral Decision Support Tool (IAR-DST) can support decisions about appropriate intensity supports and may be appropriate when discussing patient referral and treatment options.

Referrals: Must include patient details, diagnosis, number of services, and plan type (e.g. GPMHTP, shared care, or psychiatrist management).

Reporting Requirements: Allied health professionals must provide written **reports to the referring GP after each course of treatment.**

Other Treatment Plan Considerations

Psychology Services
Consider Provision of Psychological Therapy by an eligible Clinical Psychologist OR Provision of Focused Psychological Strategies **by a GP, PMP, psychologist, social worker and OT**

Western Sydney Mental Health Services

Chronic Condition Management Plan
Consider if your patient also has ongoing CCM needs that could be met by a GPCCMP

Family Support
2 family members/ carers interventions are available (these count towards the 10 treatment services)
Family and Carer Participation MN.7.5

Eating Disorder support and services
Eating Disorders Psychological Treatment (EDPT) Services

Social Work Referral
Consider social work referral where required and where additional support would benefit patient's health outcomes

Psychiatry Specialist referral if required
Consultant Psychiatrist - Referred Patient Assessment and Management Plan

Specialist supports
e.g., trauma informed, perinatal psychological support, addiction support services and other support services

Medication considerations
Clinical Tests (related to mental health and/ or other clinical tests)

Support Groups
relevant to patient's needs

Social Prescribing
Consider if social prescribing may be appropriate for this patient

Social supports
Consider social support in home environment, social connectedness, community connections

There are a wide range of services and considerations that can enhance mental health treatment plans**. Consider your patient's unique mental health wellbeing needs.**
Refer to Western Sydney Mental Health HealthPathways for evidence based clinical decision support to inform management planning for each chronic condition.

1.1 Pre-Activity – Practice Readiness Checklist

This checklist supports general practices to assess their readiness to deliver high-quality, team-based mental health care under the **Better Access initiative**, aligned with engaged leadership, structured planning, and data-driven quality improvement.

Step 1	Actions	Assigned to
Engaged Leadership	☐ Leadership **team briefed** on Better Access & MyMedicare Need help? Contact your **WentWest Primary Care Facilitator** ☐ Nominate a **QI/Mental Health lead** and team ☐ Plan the changes with your team ☐ Schedule regular **team meetings** to track progress ☐ Start with data - **data cleansing** and **archive** inactive records	

Step 2	ACTIONS	Assigned to
Education & Training	☐ GP/s have **completed Mental Health Skills Training** (Level 1 or 2) ☐ **Staff trained** in IAR-DST (when available) and mental health service navigation. For the latest training information, including dates and times, please contact **iar.dst@cesphn.com.au** ☐ Staff trained in **Recognise and Respond, Suicide Prevention in everyday life** or visit **Black Dog Institute** for further training ☐ Team uses the **Mental Health MBS Quick Guide** and is aware of item numbers and billing criteria. ☐ **Diagnosed mental health conditions** are accurately coded in clinical software ☐ Use **CAT4 Mental health indication** reviewed and updated regularly (e.g. confirmed/active conditions) ☐ Team understands **MyMedicare process** and how it enhances continuity	

Step 3	ACTIONS	Assigned to
Care Pathways & referrals	☐ Use of **validated screening tools** (e.g., K10, DASS-21) integrated into workflow ☐ Clear **MBS workflows** for preparing, reviewing, and managing GPMHTPs ☐ Clear **referral workflows** to allied health and commissioned services established ☐ Use of **HealthPathways, GoShare**, or digital tools for patient support	

Step 4	ACTIONS	Assigned to
Person-centred **Team-Based Care**	☐ Workflow documented ☐ Practice **team roles added to workflow** ☐ Coordinated care pathways established with **local mental health services** ☐ Allied health providers send written reports post-treatment ☐ Practice uses **HealthPathways** or other resources for referral guidance ☐ Patients are informed about their entitlements under Better Access ☐ **MyMedicare** is promoted to improve care continuity and patient-GP alignment ☐ Staff understand the role of **family/carer** involvement in care planning	

Step 5	ACTIONS	Assigned to
QI & Data-Driven monitoring	☐ CAT4 used to establish a **mental health register** ☐ CAT4 used to **monitor QIMs**: Smoking (QIM 2), BMI (QIM 3), Alcohol (QIM 7) ☐ **Reminders/alerts** set up in clinical software for MH follow-up ☐ Practice completes **regular audits** of MH item usage	

1.2 Activity - Navigating Mental Health Services

WentWest, the Western Sydney Primary Health Network (PHN), commissions a range of mental health services to address diverse community needs.

Mental Health HealthPathways

Mental Health HealthPathways provides a comprehensive guide for general practitioners and health professionals in referring individuals to the most suitable mental health services. Please **register for access**

Private Psychological Services are also available.

- Australian Psychology Society – **Find a psychologist**
- Australian Clinical Psychology Association – **Find a psychologist**
- Inside Out – **Find a psychologist**
- Accredited Mental Health Social Workers – **Search for provider**

A Note on Suicide: As the first point of contact, general practices play a critical role in supporting individuals experiencing suicidal distress by providing a compassionate, validating approach and, if necessary, **call 000 immediately.** If you are looking for crisis support or short-term counselling, there are **crisis lines** available 24 hours a day, 7 days a week. Consider referring patients to **Primary Mental Health Care** Suicide Prevention Service for a priority referral (for patients who are at mild to moderate risk of suicide) with contact within 24 hours, an appointment within 72 hours, and up to 12 mental health sessions in 12 months. Refer **HealthPathways Suicide Risk**

Primary Mental Health Care (PMHC) operated by WentWest offers services for vulnerable groups, including individuals at risk of suicide, children, Aboriginal and Torres Strait Islander people, and those affected by alcohol and drug use.

- Provides **up to 9 psychology sessions**, with higher limits for at-risk patients.
- Referrals require a **MHCP and Health Care Card**, with supporting documentation.
- Eligible patients in Western Sydney can access 80+ contracted professionals. More details are available on our **website**.

Medicare Mental Health (formerly Head to Health) provide free, accessible mental health services across Australia, offering immediate, short-term, and medium-term care.

- **Medicare Mental Health Centres** are staffed by qualified professionals and individuals with lived experience. They support anyone, regardless of Medicare status or referral, and help connect people with further mental and physical health support, as well as social services.
- **Medicare Mental Health National Phone Service** **Patients** can call **1800 595 212** for free mental health advice, support, and service navigation, available 24 hours a day, 7 days a week, 365 days a year.

Better Access initiative gives Medicare rebates to help people access mental health professionals and care, regardless of where they live. Medicare benefits are available for a maximum of 10 individual and 10 group allied mental health services each calendar year.

- Support is available from eligible GPs, PMP's, psychiatrists, psychologists (clinical and registered), eligible social workers and occupational therapists.

GP Psychiatry Support Line provides expert psychiatric advice to general practitioners.

Register online or call 1800 16 17 18 between Monday to Friday, 9am – 5pm.

Click here to **find a psychiatrist**

NSW Mental Health Line **Central Intake Service** phone **1800 011 511** (24/7 service) a state-wide service offering referral to appropriate services, including community mental health teams.

Refer **Mental health services and support contact list**

1.3 Activity - Education and Training

Education and training are essential for fostering engaged leadership and effective teams committed to continuous improvement in mental health care.

To access higher Medicare Benefits Schedule (MBS) rebates for mental health services, general practitioners (GPs) and other medical practitioners need to complete specific mental health training, such as Mental Health Skills Training (MHST). This training, accredited by the **General Practice Mental Health Standards Collaboration** (GPMHSC), allows practitioners to claim higher rebates for services like GP Mental Health Treatment Plans.

For Practitioners: General Practice Mental Health Standards Collaboration

On completion of **Mental Health Skills Training** that is accredited by the General Practice Mental Health Standards Collaboration (**GPMHSC**), general practitioners are eligible to access higher rebates for the **development of Mental Health Treatment Plan MBS item numbers** under the Better Access initiative.

Two levels of accredited training that provide the fundamental skills required to assess an individual's needs, recommend appropriate referral options and manage their ongoing mental health care.

For more details, visit their website **here.**

For Nurses: Australian College of Mental Health Nurses (ACMHN) Online Learning

The **ACMHN offers online courses** for mental health professionals to enhance their skills and knowledge in areas like mental health nursing and therapeutic communication.

These courses support professional development and clinical practice improvement, ensuring participants stay updated on evidence-based practices in mental health care. For more details, visit their website **here**.

APNA also offers **Mental Health Education** i.e. First Aid.

Initial Assessment and Referral Decision Support Tool (IAR-DST)

IAR-DST helps clinicians assess mental health needs and choose referral pathways. Health Professionals can attend a **2 hour workshop** (RACGP EA 1.5 hrs & RP 0.5 hrs) that will cover use of the tool, its relevance to general practice and mental health service navigation.

For the latest training information, including dates and times, please contact iar.dst@cesphn.com.au

Service Australia - Mental Health

eLearning

- Access to Mental Health Services for eligible Medical Practitioners
- Access to Mental Health Services for allied mental health professionals
- Eating disorders treatment and plans **(EPD)**
- Case study – Accessing mental health services

Mental health support for your staff

Supporting the mental health of practice staff is crucial, ensuring policies and resources such as anti-bullying, stress management, mental health first aid, and employee assistance programs are in place to create a supportive environment for both staff and patients. Click for **general practitioners support program; DRS4DRS** or **TEN Mental Health Hub**



1.4 Activity – Practice QI Plan: Mental Health – Better Access

Please complete the following table to outline your plan to complete the goal.

Engaged Leadership	**Goal**	**Increase the number of Mental Health Treatment Plans (MHTPs) for patients with Anxiety, Depression, Schizophrenia, and Bipolar Disorder from % (patients) to % (patients) by DD/MM/YYYY.**		
	Measure/s	% of eligible patients with no billed MHTP No. of MHTPs completed and billed	**Search criteria**	CAT4 filters – diagnosed Anxiety, Depression, Schizophrenia, Bipolar Disorder
	QI Lead and Team	Who will need to be involved? Nominate a **QI/Mental Health lead** and team	**Period**	Start date - end date

	Actions *Tip: Use PDSA cycles to test change ideas*	**Resources**	**Who**	**Period**	**Update**
Data-Driven Improvement	Leadership team **briefed on Better Access & Mental Health changes.**				
	Conduct data cleansing and archive inactive records	**CAT4 Data Cleansing** Archiving **BP** | **MD**		Start date - end date	Allocated a usual care provider to patients
	Use CAT4 to establish baseline: patients with **diagnosed MH conditions and no MHTP in past 12 months**				
	Review and update mental health coding in clinical software				
	Use TopBar prompts to flag eligible patients	**CAT4, TopBar**			
Patient Registration	Review MyMedicare registration and promote continuity of care	**Medicare Online Account** or **Express Plus Medicare Mobile app**.			
	Inform patients of available MH services and confidentiality				
	Establish a recall/reminder system to monitor MHTP reviews	Use **GoShare**/digital tools to support patient			
	Promote **Mental Health and wellbeing events**				
	Promote family/carer involvement where appropriate				
Team-Based Care	Ensure GPs complete Mental Health Skills Training	**Mental Health Skills Training**			
	Train staff in IAR-DST and suicide prevention				
	Map clinical and admin roles in MH care				
	Consider telehealth in MH workflow for MH reviews and/or care plan reviews				
	Establish referral workflows to allied health and commissioned services	**HealthPathways - Primary Mental Health Care**			

Reflection	**Outcomes Summary**	As a team, what did you learn? What changes would you make to your practice as a result? **RACGP CPD Tip:** utilise the self-reporting feature on Quick Log mycpd.racgp.org.au to document reflection.

Module 2

Data-Driven Improvement

On completion of this module, you will:

- Understand the mental health population within your organisation and how to create a register for effective, tailored care.
- As a team, establish and agree on consistent coding practices to be used within the practice.

Standardised coding creates a patient register, enabling structured data collection and improved safety with automated prompts and alerts. Use the **CAT4 mapping guides** to help the clinical team agree on consistent coding for conditions recorded in the 'Past History' screen.

Before You Begin

☐ Ensure **CAT4 is installed and staff are trained** to use Pen CS tools – use **CAT4 guide** or **videos**
☐ **Clean your data** using **CAT4 Data Cleansing** (e.g. archive inactive records, remove duplicates).
☐ Standardise coding: ensure diagnoses are **coded, not free text** – use **CAT4 condition mapping**
☐ **Filter by doctor**, condition, or age to create a smaller patient list.

Labelling a mental health condition

Diagnosed mental health conditions can be **marked as 'confidential'** or 'inactive' if no longer relevant, and individuals may choose not to upload them to My Health Record.
Note: CAT4 will not report inactive or confidential diagnoses.

Activities Navigation using CAT4

1. To identify existing mental health:
   - have a coded diagnosis of a mental health condition (either depression or anxiety, or schizophrenia or bipolar) and
   - have been prescribed some form of mental health medication (either antidepressants or antipsychotics, or anxiolytics, mood stabilisers (lithium) or stimulants) and
   - that do not have a MHTP
2. To review identified patient/consumer list and establish a recall/review procedure
3. To support identified patients/consumers access timely and appropriate mental health services in line with the National Stepped Care approach.
4. To recognise appropriate local **Mental Health HealthPathways**
5. To document quality improvement (QI) actions and monitor performance (3 or 6 months) through
   - **Model for Improvement using Plan–Do–Study–Act (PDSA) cycles**
   - **Audit worksheet or run chart template** – record both baseline and follow-up data
   - **Team reflection** – discuss what worked and what didn't, and complete QI documentation for CPD

Where to get help?

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W: CAT4 recipes
W: Training Videos

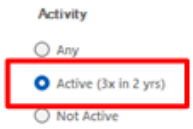
2.1 Activity – Mental Health Register

Activity goal	Identify patients with a coded mental health condition—uncoded diagnoses won't appear in searches. Refer to appendix data mapping resources for accurate coding
QI lead & team members	Who will need to be involved?
Start date	Start date **End date** end date

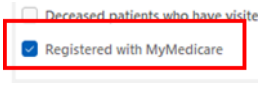
Follow instructions below or access CAT4 Recipe: **Patients with a mental health condition**

- **Starting point:** **Log into Pen CS CAT4** → Show Extracts → load latest data extract → Hide Extract
- **In Filter Panel**
  1. Choose either **Active** patient status or **MyMedicare** enrolled

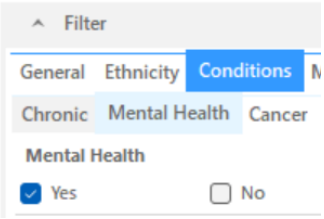
Optional 1: Under '**General**' tab → Activity → Select 'Active (3 x in 2 yrs)'



Optional 2: Under '**Patient Status**' tab → tick **'Registered with MyMedicare'**



  2. **Conditions → Mental Health = 'Yes'** (narrow search by selecting Anxiety, Depression, Schizophrenia, Bipolar)



  3. Recalculate 

  4. View Population 

  5. Optional: Select Export →  XLS File → Save
     (e.g. Create a folder C:/ClinicalAudit/CAT Patient FollowUp)
  6. Optional: **filter patient list by provider**
  7. Optional: **create a Topbar prompt**

Measuring Outcome CPD Tip: Collaborate as a team to generate a **CAT4 list of patients per GP.**

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E: support@pencs.com.au
W: CAT4 recipes
W: Training Videos

2.2 Activity – Mental Health Care Planning

Activity goals	**Identify patients who may benefit from a mental health care plan.** GPs can access MBS items under **Better Access**, with higher rebates available after **GPMHSC-accredited training** (see **MBS Items Guide**).
QI lead & team members	Who will need to be involved?
Start date	Start date **End date** end date

Follow instructions below or access CAT4 Recipe: **Patients who have had a Mental Health Treatment Plan completed in the past 12 months** *Please note, 2712 (GP Mental Health Treatment Plan Review) and other specific mental health consultation items will be removed from 1 November.*

➢ **Starting point: Log into Pen CS CAT4** → Show Extracts → load latest data extract → Hide Extract

➢ **In Filter Panel**

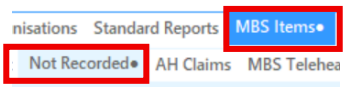
1. Choose either **Active** patient status or **MyMedicare** enrolled
   - ☐ **Optional 1**: Under **'General'** tab → Activity → Select 'Active (3 x in 2 yrs)
   - ☐ **Optional 2:** Under **'Patient Status'** tab → tick **'Registered with MyMedicare'**

2. **Conditions → Mental Health = 'Yes'**
   (narrow search by selecting Anxiety, Depression, Schizophrenia, Bipolar)

3. **Recalculate**

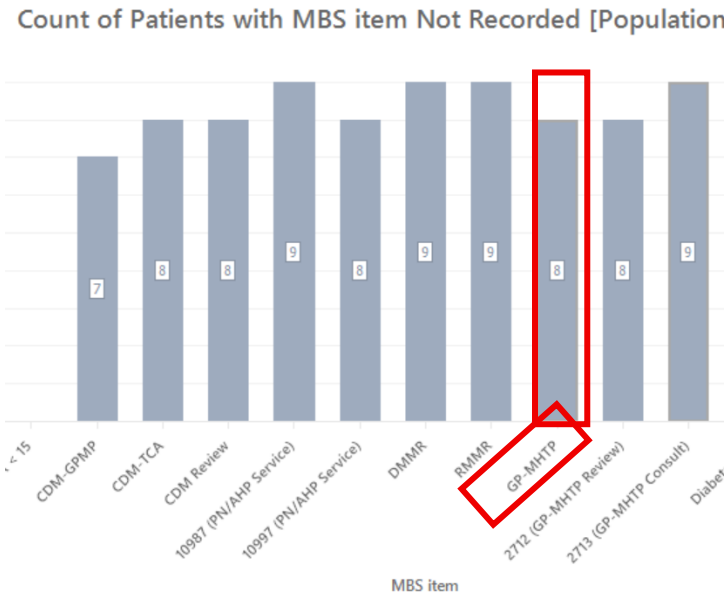
➢ **In Report Panel**

4. **MBS Items** tab → Select the 'Not Recorded' →
   You have two options to generate reports from the bar graph:



Optional 1: Click once on each related MBS item = 'GP MHTP' → then select the **Report** button to create a combined report.

Optional 2: Double-click each MBS item separately to produce individual reports for each item.



5. Optional: Select Export → XLS File → Save
   (e.g. Create a folder C:/ClinicalAudit/CAT Patient FollowUp)

6. Optional: **filter patient list by provider**

7. Optional: **create a Topbar prompt**

CPD Measuring Outcome Tip
Work as a team to generate a **CAT4 list of patients per GP.**

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2.3 Activity – Mental Health Indication

Activity goal	Review the indicated Mental Health with no mental health diagnosis list of patients.
QI lead & team members	Who will need to be involved?
Start date	Start date **End date** end date

The "**Indicated Mental Health with no diagnosis**" report will display the likelihood of a Mental Health condition based on a mental health medication or a mental health care plan being recorded in the patient record without a diagnosis. Any mental health diagnoses included in the existing CAT4 reports/filters is considered regardless of whether the diagnosis is marked as active or inactive in the patient record.

Red = likely	**Orange = possible**
Has a Mental Health Care Plan MBS Item number claimed (2700, 2701, 2715, 2717 or previous 2702 or 2710)	On a Mental Health Medication

➢ **Starting point: Log into Pen CS CAT4** → Show Extracts → load latest data extract → Hide Extract

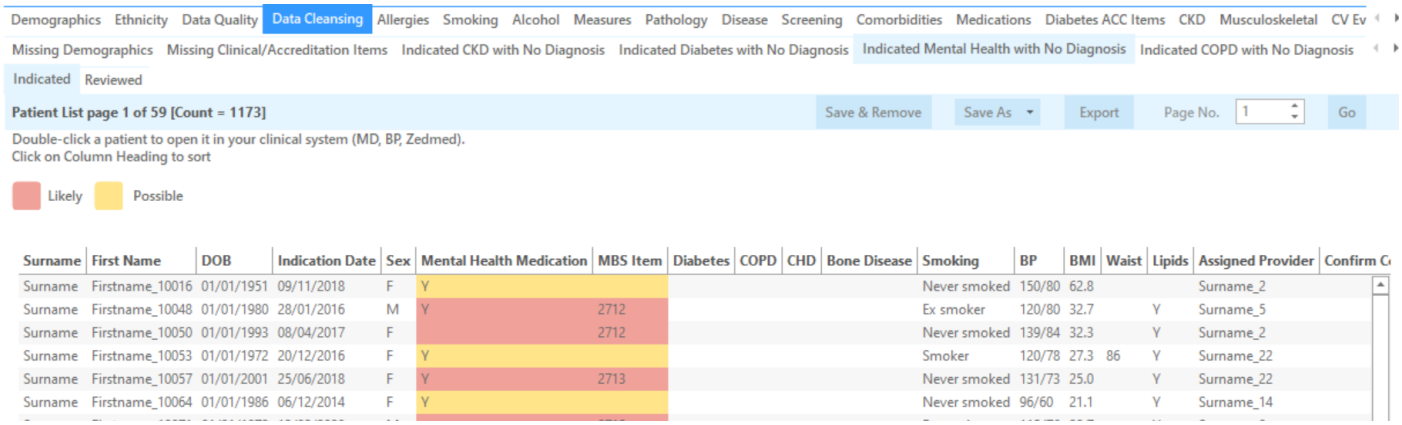
➢ **In Filter Panel**

1. Choose either **Active** patient status or **MyMedicare** enrolled
   - ☐ **Optional 1**: Under **'General'** tab → Activity → Select 'Active (3 x in 2 yrs)
   - ☐ **Optional 2:** Under **'Patient Status'** tab → tick **'Registered with MyMedicare'**

2. Recalculate

➢ **In Report Panel**

3. Go to " **Data Cleansing"**→ **Indicated Mental Health with No Diagnosis** → Export



4. Optional: **filter patient list by provider**

5. Optional: **create a Topbar prompt**

CPD Measuring Outcome Tip: Work as a team to generate a **CAT4 list of patients per GP.**

Other Searches

➢ Identify patients who are **eligible for a Medication Review**

2.4 Activity – People at risk of mental ill-health

Activity aim	Identifying patients with comorbidity and at risk of mental ill-health.
Name of QI lead & team members	Who will need to be involved?
Start date	Start date **End date** end date

Other Chronic Conditions

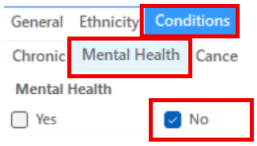
Identify eligible patients and initiate a GPCCMP — use the **CCM Toolkit** to guide you.

➢ **Starting point: Log into Pen CS CAT4** → Show Extracts → load latest data extract → Hide Extract

➢ **In Filter Panel**

1. Choose either **Active** patient status or **MyMedicare** enrolled
   - ☐ **Optional 1**: Under '**General**' tab → Activity → Select 'Active (3 x in 2 yrs)
   - ☐ **Optional 2:** Under '**Patient Status**' tab → tick '**Registered with MyMedicare**'

2. Under "**Conditions**" tab → in '**Mental Health**' subtab, tick "**No**"



3. Recalculate

➢ **In Report Panel**

4. In '**Co-morbidities**' → Select '**Worksheet**' to see which conditions diagnosed per patient.
5. Optional: Go to **MBS Items** → make a selection of HA75+, HA45-49, HA other or Heart Health Check
   - Identifying patients eligible for the Heart Health Check
   - Identify patients eligible for an annual 75+ Health Assessment
   - Identify patients eligible for an annual 715 Aboriginal and Torres Strait Islander Health Assessment
   - Identify patients eligible for a 45 - 49 Health Assessment with lifestyle or biomedical risk factors
6. Optional: Select Export → XLS File → Save (e.g. Create a folder C:/ClinicalAudit/CAT Patient FollowUp)
7. Optional: **filter patient list by provider**
8. Optional: **create a Topbar prompt**

CPD Measuring Outcome Tip: Work as a team to generate a **CAT4 list of patients per GP.**

Where to get help?

WentWest - Western Sydney Primary Health Network
E: support@wentwest.com.au
P: (02) 8811 7117
W: www.wentwest.com.au

PEN CS
P: 1800 762 993
E: support@pencs.com.au
W: CAT4 recipes
W: Training Videos

2.5 Activity – Physical & Mental Health

Activity goal	Physical Health Care for People Living with Mental Health Issues
QI lead & team members	Who will need to be involved?
Start date	Start date
End date	end date

Supporting Physical Health in Mental Health Care

People living with mental health conditions are up to **30% more likely to die prematurely**[1]—most often from preventable illnesses such as cardiovascular disease, diabetes, and respiratory illness. This gap is largely driven by factors such as medication side effects, symptoms of mental illness, smoking, poor nutrition, low physical activity, and other lifestyle-related risks. Too often, physical health needs are overlooked when the focus is solely on mental health. The **Equally Well National Consensus Statement** calls for integrated, equitable, and preventive care, with better coordination between mental health and physical health services.

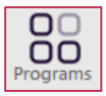
A whole-person approach is essential. Care teams should routinely assess and address lifestyle risks using the **SNAP framework: Smoking, Nutrition, Alcohol, and Physical Activity**.

See also the **NSW Health Minimum Standards for Physical Health Screening** for guidance on routine screening and care coordination for patients with mental health conditions.

Practice Measures and Monitoring

To assess and monitor lifestyle risk factor recording in your practice, complete the following steps in **Pen CS CAT4**:

1. **View Extracts**
   → Select the latest data extract
   → Click the **Programs** icon
   → Select **PIPQI**





2. **View Filter**
   → Choose either **Active** patient status or **MyMedicare** enrolled
   - ☐ **Optional 1**: Under **'General'** tab → Activity → Select 'Active (3 x in 2 yrs)
   - ☐ **Optional 2:** Under **'Patient Status'** tab → tick **'Registered with MyMedicare'**

   → Under **Conditions**, set **Mental Health = 'Yes'**
   → Click **Recalculate**
3. Choose from the following **Quality Improvement Measures (QIM)**:
   - **QIM 2 – Smoking Status**
   - **QIM 3 – BMI**
   - **QIM 7 – Alcohol status recording**

Where to get help?

PEN CS
P: 1800 762 993
E: support@pencs.com.au
W: CAT4 recipes
W: Training Videos

Programs and Resources to Support Physical Health

- **2kg Challenge** – A free 8-week lifestyle program
- **Live Life Get Active** – Free fitness classes in parks and online
- **Out and About Directory** – Outdoor activity and facility finder (Western Sydney Diabetes)
- **Department of Health, Disability and Ageing** – National activity guidelines
- **NSW Health** – Tips for getting started and staying active for mental wellbeing
- **Active Parramatta** – Free in-person and online activities (City of Parramatta)
- **Community Programs** – Collective Leisure local group programs
- **Get Healthy Service** – Free telephone health coaching service

[1] Equally Well Consensus Statement, 2016. Retrieved from National Mental Health Commission (NMHC)

Module 3

Person-Centred Team-based Care

On completion of this module, you will:

- Enhance communication strategies to boost patient participation in MyMedicare and mental health care plans.
- Develop effective systems for timely care plan reminder
- Design resources that educate and encourage active involvement in care planning.

MyMedicare and Mental Health: Enabling Person-Centred Care

MyMedicare supports a person-centred approach to mental health care by strengthening the relationship between patients, their GPs, and care teams.

Grounded in the principles of dignity, compassion, coordination, personalised care, and self-management, MyMedicare helps ensure care reflects what matters most to the patient—not just what is the matter with them.

This is especially important in mental health, where continuity, trust, and shared decision-making lead to more effective and meaningful support.

Programs like **MyMedicare** and the **Patient Centred Medical Home** (PCMH) embed these values into everyday practice, enhancing engagement, improving access, and delivering better mental health outcomes through truly coordinated care.

Learn more, visit **MyMedicare - HealthPathways Western Sydney**

Supporting Early Intervention in Practice

There is an active focus on routine **mental health screening** and **suicide prevention strategies** in primary care. Practices are encouraged to use tools and approaches such as:

- ☐ Kessler Psychological Distress Scale (K10)
- ☐ Depression Anxiety Stress Scale (DASS-21)
- ☐ Displaying MyMedicare and mental health resources in waiting areas
- ☐ Promote **mental health awareness days** to foster a safe, supportive space.
- ☐ Ensuring teams follow **RACGP Mental Health Clinical Guidelines**
- ☐ Providing ongoing education and professional development to all staff – review **1.3 Activity - Education and Training**
- ☐ Access **WentWest Mental Health HealthPathways** for local guidelines, assessment, management and referral information for mental health, suicide prevention, and psychosocial support.

Patient Resources

- **Better Access fact sheet – patients**
- **Better Access – Involving family or carers in my mental health treatment**
- **MyMedicare - Poster 1**
- **MyMedicare - Poster 2**
- **MyMedicare - Poster First Nations**
- Our **MyMedicare Patient Guide**
- **MyMedicare - DL Brochure**
- **Introducing MyMedicare Video**
- **Registering in MyMedicare Video**

Click here for the Better Access Initiative resource collection

3.1 Activity - GoShare Patient Engagement Platform

Quick Instructions	For Best Practice (BP) Users Using GoShare BP PSI Integration	All Users – Web-Based Using GoShare Portal	For Medical Director /Zedmed Users Using CAT4 & GoShare Plus
	1. **Install & Access:** • Ensure GoShare PSI is installed and activated in Best Practice. **GoShare PSI download instructions** • Log into GoShare PSI. 2. **Create Campaign** Choose eligible patients by selecting a pre-built query from the GoShare PSI library. • Diagnosed with chronic condition • Not registered for MyMedicare 3. **Send Bundle** • Choose SMS or email delivery. • Review and send to patients (you can stagger the sending in batches).	1. **Log In:** **https://goshare.realtimehealth.com** 2. **Build a Bundle** • Find MyMedicare or CCM resources (videos, fact sheets). • Click "Add to bundle", then ★ (star icon) to save. 3. **Send to Patients** • Click "Send bundle to list". • Download CSV template. • Populate with patient details (Name, Phone, Email). • Upload, review, and send. • Direct Sends (Optional). • Click "Send bundle" → "New Recipient" → enter details → "Done".	1. **Extract Patient List** • Open CAT4, apply filters: i. ≥2 visits in 24 months ii. Chronic conditions iii. Not registered for MyMedicare • Export selected patient list as CSV file. 2. **Upload to GoShare Plus** • Log into GoShare Plus. • Select MyMedicare or CCM bundle. • Upload CSV via "Send bundle to list". • Match fields and send via SMS or email. • Follow Up.

GoShare
patient education platform

GoShare is a free* patient education platform enabling health professionals to send tailored, trusted resources, such as videos and fact sheets via email or SMS to help patients manage their health, improve **health literacy, and boost engagement**.

GoShare Mental Health topics including patient stories, information sheets, animations & more.

- **Anxiety Disorders**
- **Bipolar Disorder**
- **Depression**
- **Eating Disorders & Disordered Eating**
- **Families & Mental health condition**
- **Grief and Loss**
- **Young People - Mental Health**

To get started or request access, please contact our team **support@wentwest.com.au**

**Free access provided through WentWest for general practices in* Western Sydney.

3.2 Activity - Mental Health MBS Items Guide

This quick guide outlines key Medicare Benefits Schedule (MBS) items for mental health care. Each item number is linked to its criteria, descriptor, and fact sheets. **Download a quick MBS guide** or visit **MBS Items - HealthPathways**

Mental Health	Face to Face	Telehealth	Telephone
Preparation of GP Mental Health Treatment Plan (GPMHTP)			
Patients with GPMHTP can be referred for Medicare-rebated psychological services.			
Plans can be prepared once every 12 months, but a new plan is only needed if clinically required.			
GP Mental Health Treatment Plan (GPs WITHOUT Mental Health Skills Training)			
20-39 mins consultation	2700	92112	
≥ 40 mins consultation	2701	92113	
GP Mental Health Treatment Plan (GP WITH Mental Health Skills Training - GPMHSC training standards Level 1)			
20-39 mins consultation	2715	92116	
≥ 40 mins consultation	2717	92117	
Focussed Psychological Strategies Credentialed GPs at a consulting room **(GPMHSC training standards - Level 2)** *FPS services count towards the limit of 10 individual treatment services per calendar year.)*			
30 to 39 mins	2721	91818	91842
≥ 40 mins	2725	91819	91843
GP MHTP review/consultation	Level B,C,D	Level B,C,D	Level B,C^,D^
^ MyMedicare registered patients can only access these services at their MyMedicare general practice			

EATING DISORDER	Face to Face	Telehealth	Telephone
Preparation of GP Mental Health Treatment Plan (GPMHTP) (ANNUALLY)			
Patients with GP Mental Health Treatment Plan can be referred for Medicare-rebated psychological services.			
GP eating disorders treatment plan (GPs WITHOUT Mental Health Skills Training)			
20-39 min consultation	90250	92146	
≥ 40 min consultation	90251	92147	
GP eating disorders treatment plan (GP WITH Mental Health Skills Training - GPMHSC training standards Level 1)			
20-39 min consultation	90252	92148	
≥ 40 min consultation	90253	92149	
Review of GP eating disorder treatment plan	90264	92170	92176
Provision of Eating Disorder Psychological Treatment (EDPT) services - Credentialed GPs at a consulting room (GPMHSC training standards - Level 2) - See MBS AN.0.57			
30 to 39 minutes	90271	92182	92194
≥ 40 minutes	90273	92184	92196

Mental Health CASE CONFERENCING			
Mental Health case conferencing GP organised (claiming frequency - see MBS AN.15.1)	930	933	935
Mental Health case conferencing GP participating (claiming frequency- see MBS AN.15.1)	937	943	945

Psychiatrist Access (MBS Items **291**, **293** & telehealth **92435** and **92436**) Enable a general practice to seek assessment and management advice from a psychiatrist. Under these items psychiatrists undertake a patient assessment and prepare or review, a management plan to be carried out by the referring general practice

MBS ONLINE
- Search for Item Number
- Fact Sheets
- Updates (XML Files)
- MBS News

Eligibility
Ensure patient meets billing criteria
- HPOS MBS checker
- My Health Record
- Topbar MBS app

More information
- www.mbsonline.gov.au
- Contact MBS 13 21 50 or **askMBS@health.gov.au**
- Western Sydney MBS HealthPathways

3.3 Activity – Example Claiming Workflow for a GP who has completed MH skills training

Patient MyMedicare registration

Admin - check/call patient to register

MHTP

Face to Face

2715 or 2717

Telehealth (video)

92116 or 92117

GP - Use reminders to track reviews

Min 4 weeks

Review

Consider other services

F2F or TH

Consult: B, C, D or E

GP - Use reminders to track reviews

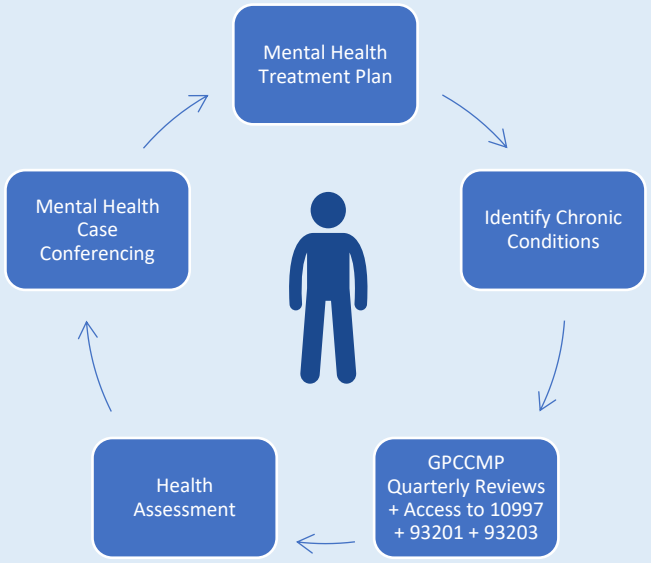
Schedule review appointments as clinically relevant, not more than once every 3-months

Review

Nurse/Admin - K10
GP - Use reminders to track reviews

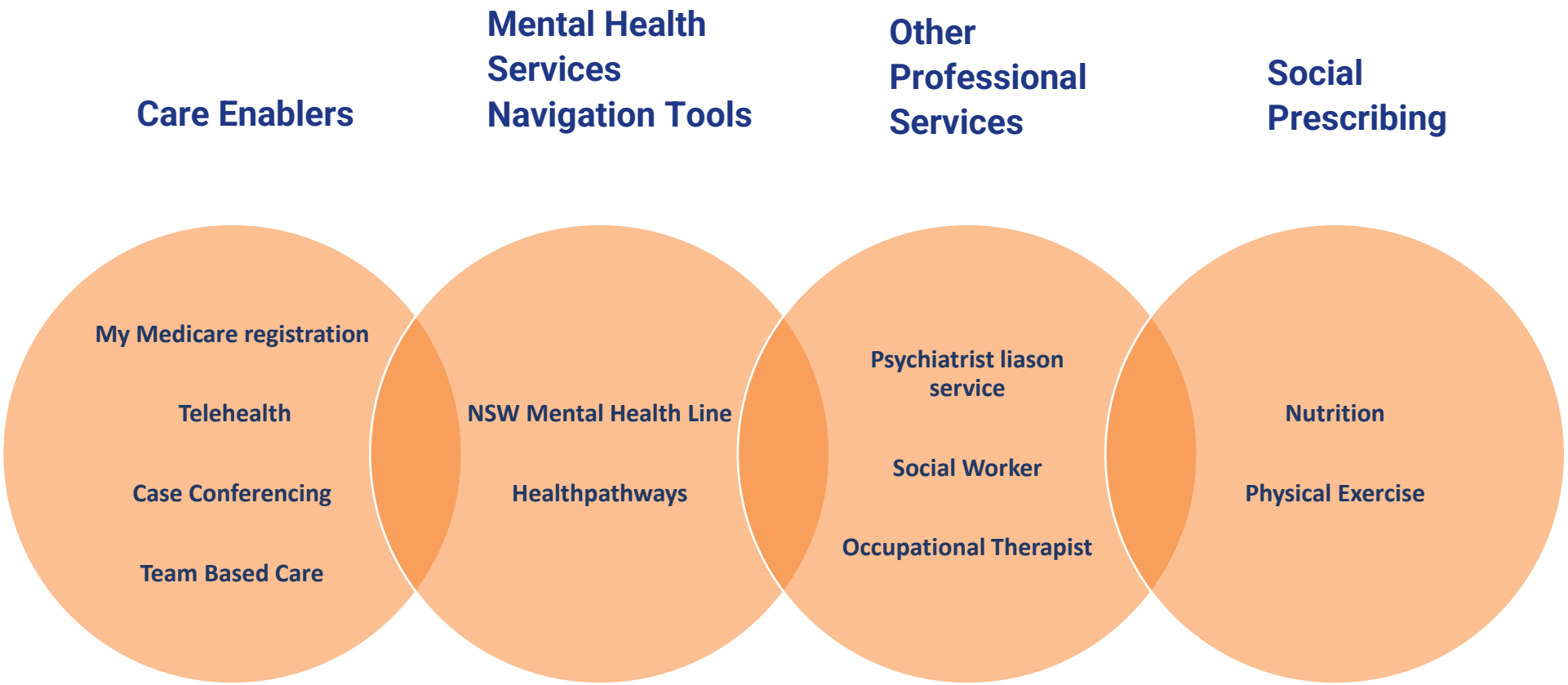
Review

Explore ways to ensure every patient receives the care they need, when they need it, from preventive services to chronic condition support.



3.4 Activity - Referrals and other MHTP

Build on patient enablers and interventions (when clinically relevant) to enhance patient activation



There are a wide range of services and considerations that can enhance mental health treatment plans**. Consider your patient's unique mental health wellbeing needs.**
Refer to **Western Sydney Mental Health HealthPathways** for evidence based clinical decision support to inform management planning for each chronic condition.

3.5 Activity – Better Access: Annual Entitlement and Referral Process

Annual Entitlement

- Patients remain eligible for **up to 10 individual allied mental health sessions** per calendar year, plus **up to 10 group sessions**.
- Up to **2 sessions may involve family/carers**, but these count toward both the **6-session course limit** and the **10-session annual cap**.

Courses of Treatment & GP Review

- **Initial referral (via a GP MHTP or psychiatrist/paediatrician) allows up to 6 sessions.**
- At the end of the course, the **allied health provider must send a progress report** to the referring GP.
- To continue (within the 10-session annual cap), the patient must return to the GP for a **review consult and new referral**.
- Each new referral may allow up to 6 sessions, but the **total cannot exceed 10 per calendar year**.
  Example: If 6 sessions are used initially, only 4 further sessions can be approved that year.



Key Points

- **Annual cap = 10 individual sessions (max).**
- **Referrals** should state "up to 6 sessions" to avoid admin issues.
- **Psychologist reports** are mandatory at the end of each course.
- **All GP billing** uses standard time-based consult items; no specific MHTP review items remain.

Module 4

Appendices

4.1 CAT4 data mapping for mental health coded diagnosis

Mental Health	Best Practice Users	Medical Director Users
Depression Active only conditions are collected	Anxiety/Depression Depression Depression, endogenous Depression, Post Natal Depression, reactive Endogenous depression Neurotic depression Organic depression Post Natal Depression Reactive depression	Anxiety/Depression Depression - Endogenous Depression - Major Depression - Minor Depression - Post Natal Depression - Reactive Depression - recurrent Depressive anxiety disorder Endogenous depression Melancholia Mixed anxiety/depressive disorder Organic depression Post Natal Depression Reactive depression
Anxiety	Anxiety Anxiety disorder Anxiety neurosis Anxiety/Depression Fear, irrational GAD Generalised Anxiety Disorder Irrational fear Neurotic depression Phobia Phobic anxiety disorder Phobic disorder Social Anxiety Disorder Social phobia	Anxiety Anxiety - Generalised Anxiety - Social Anxiety disorder Anxiety feeling Anxiety neurosis Anxiety phobia Anxiety/Depression Depressive anxiety disorder Feeling anxious GAD (Generalised Anxiety Disorder) Generalised Anxiety Disorder (GAD) Mixed anxiety/depressive disorder Mood - anxious Nervous Nervous Anxiety Neurotic anxiety Phobia Social Anxiety Disorder Social Phobia Tense
schizophrenia	Borderline schizophrenia Catatonic schizophrenia Chronic schizophrenia Paranoid schizophrenia Schizophrenia Schizophrenia, borderline Schizophrenia, catatonic Schizophrenia, chronic Schizophrenia, paranoid	Borderline schizophrenia Brief reactive schizophrenia Catatonic schizophrenia Chronic Schizophrenia Paranoid schizophrenia Schizophrenia Schizophrenia - borderline Schizophrenia - brief Schizophrenia - catatonic Schizophrenia – chronic Schizophrenia – paranoid
Bipolar	Bipolar affective disorder Manic depressive illness Manic depressive psychosis Bipolar 1 disorder Bipolar 2 disorder	Bipolar affective disorder Manic depressive illness Manic depressive psychosis

4.2 Measuring Outcomes – Audit Worksheet

1. Choose the QI activity measure that aligns with your practice goal
2. Enter a practice target and baseline for each QI activity measure in the table below
3. Track your progress over time by entering a result for reporting period.
4. Use run chart to plot results over time.

Measure	Practice Target	Baseline date	Result 1 date	Result 2 date	Result 3 date	Result 4 date
Example	*# (%)*	*%*	*# (%)*	*# (%)*	*# (%)*	*# (%)*
***Register -** Active* patients*	*# (%)*	*%*	*# (%)*	*# (%)*	*# (%)*	*# (%)*
Mental health conditions Enrolled with **MyMedicare**						
Indication or at-risk	*# (%)*	*%*	*# (%)*	*# (%)*	*# (%)*	*# (%)*
Patients with i**ndicated Mental Health with no diagnosis** Patients with **at risk of Mental Health eligible a Health Assessment** (i.e. Heart Health Check, 45 – 49 / 75+ years old or Aboriginal and Torres Strait Islander assessment)						
Physical and Mental Health						
Mental Health & daily smoker						
Mental Health & alcohol						
Mental Health & BMI >30						
Mental Health & Waist Measurement						
Mental Health & Physical Activity recorded						
Insert QI activity measure						
Insert QI activity measure						
Insert QI activity measure						

** Per RACGP, an active patient has **3+ visits in 2 years**. This filter may exclude new or at-risk patients who don't see their GP regularly*

Measuring Outcome CPD Tip: Collaborate as a team to generate a **CAT4 list of patients per GP.**

4.3 Group reflection – after completing activities

As a team, analysis and review **baseline** data results and discuss change ideas and actions.
Use **PDSA cycles** to test and measure change ideas

The degree to which the learning needs were met:	To what degree this activity was relevant to your practice:
☐ Not met ☐ Partially met ☐ Entirely met	☐ Not met ☐ Partially met ☐ Entirely met

What did you learn? What changes would you make to your practise as a result?

- Has the clinical team completed key mental health training, such as the **IAR-DST** workshop?
- What did your CAT4 search reveal about undiagnosed or uncoded mental health conditions?
    - Was your mental health register:
        - ☐ Higher than expected?
        - ☐ About what you expected?
        - ☐ Lower than expected?
    - What might explain this? (e.g. coding issues, clinician uncertainty about where to enter diagnoses, or incomplete records)
- Are all relevant team members aware of:
    - How to correctly code mental health diagnoses in your clinical software?
    - The need to mark conditions as active/inactive or confidential?
    - Using consistent terminology from the system's drop-down list?
- Develop a new or enhanced general practice workflow process resulting in improved support and referral pathways for patients presenting with mental health concerns
    - New workflow developed ☐ Yes ☐ No
    - Enhanced workflows documented

What changes will you make?

- Want to clean and update your mental health register?
    - Remove or recode any uncoded mental health conditions. Refer to ***Best Practice*** *or* ***Medical Director***
    - Use the CAT4 clinical coding guide specific to ***Best Practice*** *or* ***Medical Director***.
- Does the team know how to:
    - Accurately enter alcohol use, smoking status, BMI, and physical activity in the system?
        - *alcohol and smoking:* ***Best Practice*** *or* ***Medical Director***
        - *BMI (weight and height):* ***Best Practice*** *or* ***Medical Director.***
        - *physical activity:* ***Best Practice*** *or* ***Medical Director***.
    - How to support patients with **SNAP (Smoking, Nutrition, Alcohol, Physical Activity)** advice and referrals.
- Wanting to enhance patient engagement?
    - Use **GoShare** to send tailored mental health education and resources.
    - Use Topbar to identify missing clinical and demographic data, including "indicate" rather than diagnose prompts.

RACGP CPD: utilise the self-reporting feature on Quick Log **mycpd.racgp.org.au** to document reflection.

4.4 Quality Improvement documentation

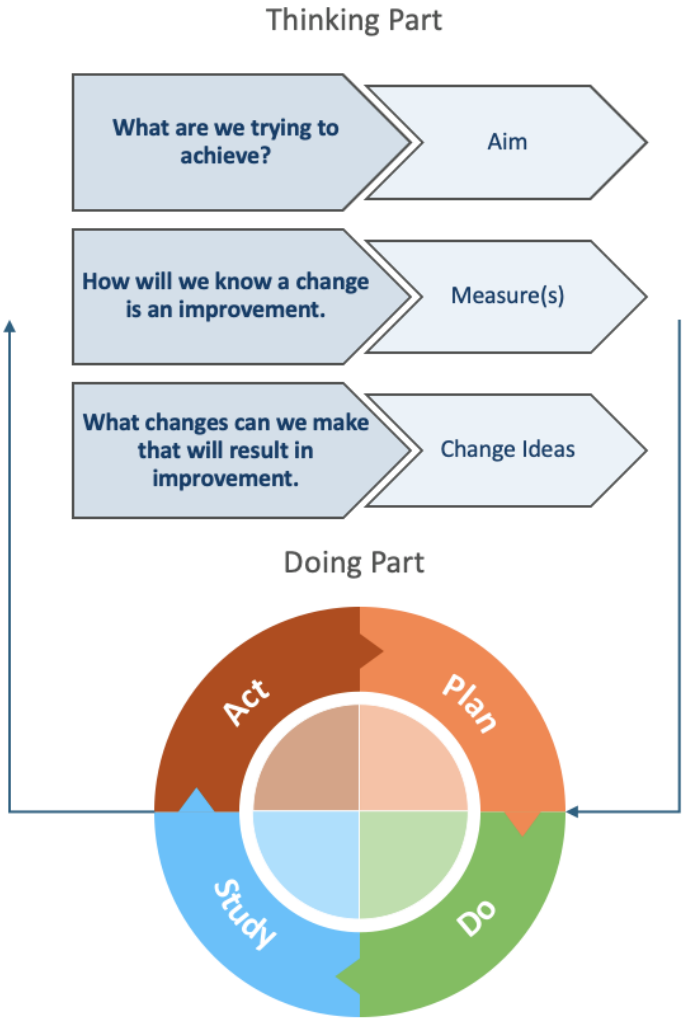
Start by documenting **your practice QI team** and define your problem and specified a robust ***Problem Statement***.

Practice name:	*Add your primary healthcare service name here*	**Date:**	Start date
QI team:	*List the team members involved*		
Problem:	*Describe why this work is strategically important. What problem is the team addressing? What does our data indicate about it, and what are the causes?*		
Problem Statement:	*Document your succinct problem statement here*		

Next, move onto the **Model for Improvement (MFI)**, the **'Thinking Part'** focuses on the overall improvement strategy, while the **'Doing Part'** implements changes through the **Plan-Do-Study-Act (PDSA) cycle**. This model uses PDSA cycles to test changes, ensuring measurable and sustainable improvements. Watch short video on MFI and PDSA's.

Step 1: Model for Improvement (Thinking Part)

1. **Goal / Aim:** What are we trying to accomplish? Develop a S.M.A.R.T. (Specific, Measurable, Attainable, Realistic, Time-bound) and people-crafted Aim Statement.
2. **MEASURE:** How will we know that a change is an improvement? Identify what good looks like and develop a measure(s) of success.
   Tip: *Use a* ***Run Chart*** *to plot trends.*
3. **CHANGE IDEAS:** What changes can we make that will result in an improvement? Engage the whole team in formulating change ideas *using* ***Institute for Healthcare Improvement QI tools*** such as brainstorming, ***driver diagrams*** or ***process mapping***
   Each change idea may involve multiple small rapid PDSA cycles.



Step 2: Plan-Do-Study-Act (PDSA) (Doing Part)

1. **PLAN:** Describe the change idea (what, who, when, where). Predict outcomes and define the data to collect.
2. **DO:** Carry out the plan. Collect data. Consider what worked well and why? Document any unexpected observations, events or problems.
3. **STUDY:** Analyse results, compare them to predictions, and reflect on what you learned.
4. **ACT:** Based on what you learned from the test, consider what you will do next (e.g., adopt, adapt or abandon)? How does this inform the plan for your next PDSA?

For guidance, download template or for support on conducting quality improvement in your primary healthcare services, please contact your Primary care Deliver team on support@wentwest.com.au

Source: Langley, G., Nolan, K., Nolan, T., Norman, C. & Provost, L. 1996, The Improvement Guide, Jossey-Bass, San Francisco, USA

4.5 PDSA: Indication and no Mental Health diagnosis

Practice name:	Medical Centre	**Date:**	27/02/2025
QI Team:	Lucy (PM), Miranda (RN) & George (GP)		
Problem Statement:	To create accurate and reliable patient register within our practice to improve Mental Health management and patient outcomes. Based on PenCS CAT4 data report, at our practice there are 296 patients are indicated as likely or possible to have Mental Health, but do not have a coded diagnosis. These patients are not searchable and may be at risk for not receiving optimum care		

Model for Improvement

Step 1: Thinking Part - Three Fundamental Questions *(complete the Model for Improvement (MFI) as a whole team)*

1. GOAL	**What are we trying to accomplish?**
By answering this question, you will develop your GOAL for improvement. It important to establish a S.M.A.R.T (Specific, Measurable, Achievable, Relevant, Time bound) goal and people-crafted aim that clearly states what you are trying to achieve.	
"0" patients will be on the indicated of a Mental Health Diagnosis list by 31 July 2023.	

2. MEASURE	**How will we know that a change is an improvement?**
By answering this question, you will develop the MEASURE(S) you will use to track your overarching goal. Record and track your baseline measurement to allow for later comparison.	
Number of indicated Mental Health with no diagnosis	

Baseline:	296 patients indicated for review of Mental Health diagnosis	**Baseline date:**	15/03/2025

3. IDEAS	**What changes can we make that will result in improvement?**
By answering this question, you will develop IDEAS for change. Tip: Engage the whole team in formulating change ideas. Include any predictions and measure their effect quickly.	
Idea 1	**Use PenCS CAT4 Cleansing CAT Module to identify patients who are indicated likely or possible to have Mental Health without a Coded Diagnosis**
Idea 2	**Use Topbar Data cleansing app to opportunistic code for diagnose**
Idea 3	**Diagnosis Coding Clean-up Tool to clean up retrospective data for uncoded diagnosis**
Idea 4	**Run PenCS CAT4 Data Quality Report to identify any duplicate patient records and merge**
Idea 5	

Next step: *Each idea may involve multiple short and small PDSA cycles.*

Step 2: Doing Part - Plan-Do-Study-Act ***(Once you have completed the Model for Improvement (MFI), use this template to document and track your PDSA cycles)***

Idea	Plan		Do	Study	Act
#	Plan the test	Prediction	Do the test on small scale	Analyse the results	Make a plan for next step
	How will we run this test? Who will do it and when? What will we measure?	*Prediction or hypothesis on what will happen.*	*Was the plan completed? Yes or No. Collect data. Consider what worked well and why? Document any unexpected observations, events or problems.*	*Analyse results, compare them to predictions, and reflect on what you learned. .*	*Based on your learnings from the test, what will you do next (e.g., adopt, adapt or abandon)? How does this inform the plan for your next PDSA?*
1.1	Lucy will set aside an hour on a Tuesday (7/5/23) afternoon to conduct a search on CAT4 cleansing module to identify patients who are indicated likely or possible to have Mental Health without a Coded Diagnosis.	Some patients may have other conditions that causing an indication GPs need to clinically assess the patient record	Completed 21/3/25	There were 28 patients found to have indication and no diagnose of Mental Health. Nurse conducted initial review and found 5 patients were inactive, 2 had on inactive conditions, 12 were incorrectly coded and the remaining 9 patient were provided to GP for investigation	Reception to conduct bulk-archiving of inactive every 6 months. Calendar reminder activated. Schedule a clinician meeting to create a uniform coding for Mental Health and update clinical coding policy. Invite PHN to present to your team on the importance of clinical coding
1.2	Schedule a clinician meeting to create a uniform coding for Mental Health and update clinical coding policy.		Clinical meeting held 14/5/23	5 out of 7 GPs attend this meeting. 3 of the GPs were not aware of comment and provisional diagnosis fields and therefore have been free-texting diagnosis. Reason for visit was also defaulting to add to past history due to BP preference settings. This was fixed for all GPs.	BP preference settings to be fixed for all GPs to not enforce reason for visit to be added automatically to past history. Schedule a clinician meeting to create a uniform coding for Mental Health and update clinical coding policy. Invite PHN to present to your team on the importance of clinical coding.

Summary of results	

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