

Community-based mental health initiative: Patients and GPs to benefit

High-risk mental health patients and the GPs who care for them are benefiting from a new \$8 million community-based mental health initiative launched by the General Practice Services Committee (GPSC) 1 January 2008. “The initiative acknowledges the important role of GPs in supporting patients with mental illness and addictions,” says Mr Greg Dines, BCMA senior program advisor. “It recognizes that physicians need to be compensated for taking time to consider their mental health patients’ needs, for developing care plans in collaboration with patients and caregivers, and for coordinating appropriate care.”

GPs will identify high-risk patients living in the community on the basis of a mental health diagnosis, taking into account factors such as drug or alcohol addiction, cognitive impairment, poor nutritional status, and socioeconomic factors such as homelessness, to provide a “whole patient” approach.

Appropriate compensation for coordinated care

To qualify for the mental health initiative fee, GPs must initially develop a care plan for a patient with significant mental health conditions. They can then bill the \$100 fee for this plan, which requires a face-to-face visit with the patient and documented results from a review and assessment. The patient’s chart must reflect:

- A detailed review of the patient’s history and current therapies.
- The patient’s mental health status and provisional diagnosis (by means of psychiatric history and mental state examination).
- The use and results of validated assessment tools.

- *DSM-IV* axis 1 confirmatory diagnostic criteria.
- A summary of the condition and patient care plan.
- An outline of expected outcomes.
- An appropriate time frame for re-evaluation of the plan.
- Linkages with other health care professionals who will be involved in the patient’s care, and their expected roles.
- Confirmation that the plan has been communicated (verbally or in writing) to the patient and/or the patient’s representative, and to other health care professionals as indicated.

Once the mental health care plan is created and the planning fee billed, GPs can access two additional supports: the mental health management fee (\$50.31 to \$65.41 depending on patient’s age), and the mental health telephone/e-mail management fee (\$15).

The mental health management fee is billed for up to four additional counseling visits per year (after the current four MSP counseling visits per year). The telephone/e-mail management fee is billed a maximum of five times per calendar year for follow-up such as medication, symptom, and clinical status monitoring. Follow-up services may be provided by the physician or by other medical professionals directly under the GP or practice group’s supervision (e.g., MOA or office nurse), and may be physician- or patient-initiated.

The mental health initiative fees are payable to the general practitioner or practice group that accepts the role of being “most responsible” for the coordinated care of a patient for that calendar year. Eligible patients must be community-based, living in their home, or in an assisted-living arrange-

ment. Patients living in care facilities are not eligible. The fees are not payable to physicians who have been paid for any specialty consultation fee in the previous 12 months, physicians who are employed by or under contract to a facility whose duties include provision of this type of care, and physicians working under salary, service contract, or sessional arrangements whose duties include provision of this care.

Initiative to evolve through monitoring

“We estimate that 30 000 patients could be helped through this initiative,” says Mr Dines. “However, the initiative is experimental at this point, and for seriously ill patients.” The GPSC will work closely with GPs to review the initiative’s utilization and effectiveness periodically with respect to patient, practice, and system outcomes, and the fee structure and care criteria will evolve based on these reviews.

The GPSC, a BCMA/Ministry of Health joint committee, administers approximately \$100 million annually through incentives in four areas of primary health care: chronic disease management, maternity care, end-of-life care, and mental health care. Through the Practice Support Program (PSP), GPSC offers training modules in advanced access, group visits, managing patients with chronic diseases, and patient self-management. For more information visit www.bcma.org.

—Bill Cavers, MD
Co-chair, GPSC