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

Do GP registrars received the $300 remuneration for completing the training?

Yes. GP registrars are eligible for the $300 remuneration if they complete the IAR training.

What is the difference between Workshop One and Two?

Workshop One is a pre-recorded video that participants access online via the OpenLearning Platform. Workshop One runs for 30 minutes. Completion of Workshop One is mandatory before the commencement of Workshop Two.

Workshop Two focuses on the National IAR-DST Guidance and applying the Decision Support Tool and is delivered either face to face or via webinar. Workshop Two runs for 90 minutes and is interactive.

How long does it take to complete the IAR-DST?

The time taken to complete an assessment of a person (consumer/patient) is separate to the time it takes to complete the IAR-DST. The IAR-DST is not a new assessment tool or process. Anecdotally, it takes between 2-10 minutes to complete the IAR-DST and generate a level of care. The time varies based on several factors including the user's familiarity with the tool and frequency of use.

Will the IAR-DST be integrated into GP clinical software?

The Department of Health and Aged Care (the Department) is currently developing user journeys to help define where the IAR-DST is best placed in GP workflows. From there a co-design process will commence with integration of IAR into GP clinical software planned for mid-2023.

Will the IAR-DST be integrated with Mental Health Treatment Plans (MHTPs)?

The first priority is making the IAR-DST accessible and available to GPs in a way that enables them to use it as part of their workflows easily. Future enhancements to the IAR and MHTPs will be considered in the broader context, factoring in stakeholder feedback and findings from the current Better Access evaluation, IAR evaluations, and further insights obtained as more GPs utilise the tool.

The IAR-DST is currently embedded into the online referral forms for several CESPHN commissioned services, and where required e.g., PSS, it is integrated with MHTPs.

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Where can I access the IAR-DST?

The IAR-DST is currently available here: https://iar-dst.online/#/ and as mentioned previously is embedded in CESPHN commissioned services referral forms)

Will MBS item numbers be reviewed to facilitate better psychological and physical care integration?

GPs can co-claim mental health MBS items and standard consultation items where it is clinically indicated that a particular problem must be treated immediately. Information is available to GPs about the circumstances where co-claiming is appropriate in explanatory note AN.0.56 on MBS Online at: www.mbsonline.gov.au. The Department's consideration of changes to the MBS to support integrated physical and mental health care will be informed by recent reform processes, including the MBS Review Taskforce and the Government's Primary Health Care 10-Year Plan, which is currently being developed.

I have completed the IAR-DST for my patient but I don't know any local services that align with the recommended level of care. What do I do now?

This scenario is a problem with or without using the IAR-DST. Frequently GPs in metropolitan regions might be faced with a lack of options due to high demand, long wait lists or services not accepting referrals.

The recent General Practice Mental Health Standards Collaboration Report suggests that most GPs are confident in meeting the needs of patients with mental health concerns; however, only 13% agreed there is sufficient access to other mental health services in their area. While this may be due to the lack of services in some areas, it may also suggest that GPs are unaware of the services on offer in their area or how to find them. CESPHN is working to map local services at all IAR levels and host this information within a user-friendly, accessible online directory. Further information to come.

In the interim GPs can:

- Consider bundling services (making several referrals) to achieve the intensity that is required.
- Consider services against an alternative level of care whilst waiting for the right services to become available (e.g., level 2 if level 3 is not available).
- Increase their contact with and monitoring of the patient, including with support from the practice nurse or other practitioners.
- Undertake advocacy with particular services or raise the issue for discussion within local advisory structures.

What happens if the service provider rejects the referral?

We understand that services can often have long waiting lists or closed for new referrals at certain times. At times there maybe issues with eligibility or access to services for other

reasons. One of the benefits of IAR is it uses language and terminology that is increasingly understood across the sector, which is a great advantage compared to the current state. Using a nationally consistent approach will improve the ability for providers to prioritise patients and enable them to communicate about ineligibility or inappropriateness of referrals.

CESPHN collects data from referrers, commissioned providers and other stakeholders to see where these issues may exist and uses this access data to informs needs assessments, service mapping and commissioning activities.