



Changes to the Better Access Initiative for general practitioners (GPs)

16 May 2024

The Government is making some changes to the Better Access initiative to respond to the Better Access evaluation. These changes will better meet the needs of individuals and improve equity of access.

These changes will commence from 1 November 2025 (subject to the passage of legislation). The sector will be consulted throughout the implementation process and in the development of guidance.

Best practice assessment and referral practices

GPs will be supported to assess the mental health needs of people and refer them to the most appropriate services.

Improved national guidance will be developed in partnership with the sector to support GPs to comprehensively assess patients' mental health needs, identify the most appropriate services, and improve the use of mental health treatment plans. This includes referral to other services where appropriate, including the new national early intervention service and Medicare Mental Health Centres. An education campaign will be developed to promote awareness, trust and use of the service by referring health practitioners and consumers.

Simplifying the Medicare Benefits Scheme (MBS) to make it easier for GPs to provide mental health care

As recommended in the Better Access evaluation, the mental health treatment plan will be retained reinforcing that care planning is an important part of quality care. GPs will continue to be able to claim specific items to prepare a mental health treatment plan.

Mental health treatment plan review and mental health consultation items will be removed from 1 November 2025. GPs will use general attendance items to provide these services.

GPs will be able to claim the most appropriate general attendance item based on the amount of time they spend with their patients. This includes new items for longer consultations (Level E consultations) recognising that GPs often spend longer with their patients to provide quality mental health care.

This will support GPs to provide comprehensive care for a person's physical and mental health in a single consultation. It will reduce the administrative burden and complexity for GPs in providing mental health care.

These changes mean consultations for Commonwealth concession card holders and people aged under 16 will now likely qualify for a tripled bulk billing incentive, instead of just a single incentive.

A list of impacted items is at **Table 1**.

Table 1. Impacted MBS items

| Category | MBS item |
|--|----------|
| Review of mental health treatment plan | 2712 |
| | 92114 |
| | 92126 |
| | 277 |
| | 92120 |
| | 92132 |
| Ongoing management of patient with a mental disorder | 2713 |
| | 92115 |
| | 92127 |
| | 279 |
| | 92121 |
| | 92133 |

There are no changes to the number of sessions in a course of Better Access treatment. GPs will continue to decide how many sessions the patient will receive in a course of treatment up to the maximum of six sessions.

GPs should use a standard consultation item to consider the patient's clinical need for further sessions after each course of treatment. A patient can have two or more courses of treatment within the calendar year, up to a limit of 10 services, and will need a new referral for each course of treatment, in line with current arrangements.

Supporting people with chronic mental health conditions and complex needs to access additional support

Updated guidance will support GPs to create plans under the Chronic Disease Management (CDM) framework, in addition to a mental health treatment plan for patients with a chronic mental health condition (i.e. a condition that has lasted, or is expected to last, at least 6 months) and/or another chronic condition. People with relevant plans under the CDM framework may be able to access five Medicare-subsidised allied health services, such as dietetics and exercise physiology services, per calendar year. This is in addition to the 10 individual and 10 group treatment sessions available under Better Access.

Improving better continuity of care

To support continuity of care, from 1 November 2025, a patient can only be referred for treatment under Better Access by a GP at their MyMedicare registered practice or their usual GP.

MyMedicare registration is voluntary and free. Patients registered with MyMedicare should be referred to Better Access by their MyMedicare registered practice. Patients who are not registered in MyMedicare will still be able to be referred to Better Access from their usual GP.

Formalising the relationship between a patient, their general practice and GP will support continuity of care, and ensure Better Access referrals are undertaken by GPs familiar with the patient.