

Quality Improvement Toolkit for General Practice

Mental health

Anxiety and depression

MODULE

Version 2

September 2021



Introduction

The Quality Improvement (QI) toolkit

This QI toolkit is made up of modules that are **designed to support your practice to make easy, measurable and sustainable improvements to provide best practice care for your patients.** The toolkit will help your practice complete QI activities using the Model For Improvement (MFI).

Throughout the modules you will be guided to explore your data to understand more about your patient population and the pathways of care being provided in your practice. Reflections from the module activities and the related data will inform improvement ideas for you to action using the MFI.

The MFI uses the Plan-Do-Study-Act (PDSA) cycle, a tried and tested approach to achieving successful change. It offers the following benefits:

- A simple approach that anyone can apply.
- Reduces risk by starting small.
- It can be used to help plan, develop and implement highly effective change.

Key goals/objectives for using this toolkit

This toolkit is to be used in general practice to:

- develop a register of patients with anxiety and/or depression to facilitate better continuity of care (reminders, recalls)
- better manage the physical health of patients with anxiety and/or depression
- improve medication management through review against clinical guidelines (e.g. appropriate use of medications, risk management)
- identify patients eligible for mental health and other funding streams.

How to use this toolkit

There are checklists included below that will guide you and your practice.

- Use this toolkit to guide you along the journey.
- Set yourselves timelines to achieve your goals.
- Consider potential internal or external factors that could impact the activity and factor these into your planning, e.g. accreditation preparation, staff leave (planned or unplanned), global pandemic, influenza vaccination season.
- Review your progress regularly.
- If you find your process is not working and you are not seeing improvements, then review your process and start again.

For more support



support@bsphn.org.au



1300 467 265

The MFI helps you break down your change into manageable pieces, which are then tested to ensure that the change results in measurable improvements, and that minimal effort is wasted. There is an example to increase the number of GP mental health treatment plan reviews completed for patients with anxiety using the MFI at the end of this module.

If you would like additional support in relation to quality improvement in your practice please contact Brisbane South PHN on support@bsphn.org.au.

This icon indicates that the information relates to the ten Practice Incentive Program Quality Improvement (PIP QI) measures.



Due to constant developments in research and health guidelines, the information in this document will need to be updated regularly. Please [contact](#) Brisbane South PHN if you have any feedback regarding the content of this document.

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Mental health – anxiety and depression

Mental health anxiety and depression toolkit for general practice

This toolkit is designed to assist you to review your patients who may be affected by anxiety or depression. Use this toolkit in conjunction with the *QI toolkit – Mental Health Introduction* available from the Brisbane South PHN [website](#). It is suggested that you work through the introduction toolkit and then identify the sub-topic to focus on.

Pre-activity checklist



Complete the checklist below to identify any pre-activities you may wish to complete.

Description	Status	Action to be taken
<p>Has your practice completed data cleansing activities recently including:</p> <ul style="list-style-type: none"> • missing patient demographics • un-coded diagnosis • indications of mental health conditions without a diagnosis. 	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No, see action to be taken.</p>	<p>Refer to instructions from CAT4 or refer to activity 2 of the mental health introduction QI toolkit or quality patient records QI toolkit.</p>
<p>Have you agreed on accepted terminology of anxiety disorder conditions and depression from the drop-down lists in your practice software?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No, see action to be taken.</p>	<p>Refer to activity 2 of the mental health introduction QI toolkit.</p>
<p>Are practice team members aware of how to enter diagnosis in clinical software using agreed conditions?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No, see action to be taken.</p>	<p>Refer to instructions from Best Practice or MedicalDirector.</p>
<p>Do you have a reminder system that is set up and working to ensure patients with anxiety and depression receive continuity of care?</p>	<p><input type="checkbox"/> Yes: you have completed this activity.</p> <p><input type="checkbox"/> No, see action to be taken.</p>	<p>Refer to Brisbane South PHN recall and reminder QI toolkit.</p>

Activity 1 – Understanding your patient anxiety profile

What is an anxiety disorder?

An anxiety disorder is a medical condition characterised by persistent, excessive worry which interferes with daily life plus chronic and severe conditions.

A person may experience more than one anxiety disorder. Some people may also experience depression with the anxiety, or have problems with alcohol or drug abuse.¹

Anxiety disorders include a group of diagnoses including:

- generalised anxiety disorder
- social phobia
- specific phobia
- obsessive compulsive disorder
- panic disorder with and without agoraphobia
- separation anxiety disorder
- post-traumatic stress disorder (this may also be considered separately as a trauma/stress related disorder rather than an anxiety disorder).

One in 7 Australians is currently experiencing an anxiety condition. 14.4% of Australians aged 16 to 85 have experienced an anxiety disorder in the last 12 months.²



¹ <https://www.sane.org/information-stories/facts-and-guides/anxiety-disorder>

²

Activity 1.1 – Data collection from CAT4



The aim of this activity is to collect data to identify patients with an anxiety disorder and assist with the management of these patients.

Complete the below table by collecting data from your CAT4 Data Extraction Tool.

Note - Instructions on how to extract the data is available from the CAT4 website. [Number of patients with an anxiety disorder \(select anxiety and yes under MH conditions\)](#) or [Number of patients who have had a mental health treatment plan completed in the past 12 months \(select anxiety under conditions\)](#) or [Number of patients on medications](#) or [Number of patients with anxiety with risk factors \(select anxiety under conditions\)](#) or [Number of patients with a co-morbidities \(select anxiety under conditions\)](#).

Please note: searching for patients with anxiety in CAT4 will include all anxiety conditions listed in past history regardless if the condition is marked as an active condition or inactive condition in the patient’s past history.

	Description	Total number of active patients as per RACGP criteria (3 visits in 2 years)	Total number of patients
1.1a	Number of patient population		
1.1b	Number of patients with an anxiety disorder		
1.1c	Number of patients aged ≤15 years with an anxiety disorder		
1.1d	Number of patients aged between 16 years and 25 years with an anxiety disorder		
1.1e	Number of patients aged between 26 years and 64 years with an anxiety disorder		
1.1f	Number of patients aged ≥ 65 years with an anxiety disorder		
1.1g	Number of patients who identify as Aboriginal and Torres Strait Islander with an anxiety disorder		
1.1h	Number of patients with an anxiety disorder on antidepressant medications		
1.1i	Number of patients with an anxiety disorder on mood stabilisers		
1.1j	Number of patients with an anxiety disorder on regular benzodiazepines		
1.1k	Number of patients with an anxiety disorder and at least one other chronic disease		

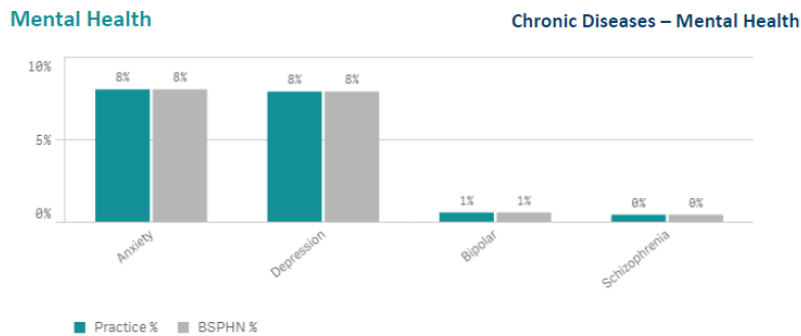
Please note: the RACGP defines active as 3 visits in 2 years. This search criteria do not capture those patients who may come in for screening every 2 years, or twice in 2 years e.g. flu vaccine, hence the option to look at all active patients.

Activity 1.2 – Anxiety disorder measures on benchmark report



The aim of this activity is to review your practice’s data dashboard on the monthly benchmark report provided by Brisbane South PHN.

You will need your practice’s benchmark report to complete this information.



Mental Health Diagnosis*	-	- %	BSPHN	BSPHN %
Active Patients with a Mental Health diagnosis**	132,420		132,420	
Anxiety	82,115	8%	82,115	8%
Depression	80,736	8%	80,736	8%

	Description	Number	Percentage
1.2a	Active population with coded mental health diagnosis		
1.2b	Active patients with an anxiety disorder		

Please note: searching on the benchmark report includes active patients as defined by RACGP (3 visits in 2 years).

Activity 1.3 – Reviewing your practice anxiety profile



Complete the checklist below to review your practice’s anxiety patients.

Description	Status	Action to be taken
After completing activity 1.1 and activity 1.2 , are there any unexpected results with your practice’s anxiety disorder profile?	<input type="checkbox"/> Yes: see action to be taken. <input type="checkbox"/> No: continue with activity.	Please explain: (e.g. lower number of patients with anxiety disorder than expected or a large number of patients with anxiety disorder have drug/alcohol abuse). How will this information be communicated to the practice team?

Description	Status	Action to be taken
<p>Is your practice’s anxiety disorder patient profile similar to other practices in the Brisbane south region (compare information from benchmark report)?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No: see action to be taken.</p>	<p>Outline the differences – (e.g. <i>our practice has a higher percentage of patients with an anxiety disorder than other practices.</i>)</p> <p>How will this information be communicated to the practice team?</p>
<p>Note the number of patients with anxiety and at least one other chronic condition. Is there a plan on how to manage these patients?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No: see action to be taken.</p>	<p>Refer to QI toolkits from Brisbane South PHN website for:</p> <ul style="list-style-type: none"> • diabetes • respiratory – asthma and chronic obstructive pulmonary disease (COPD) • cardiovascular disease • osteoporosis • chronic kidney disease (CKD).
<p>After reviewing your practice’s anxiety disorder profile, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?</p>	<p><input type="checkbox"/> Yes: see actions to be taken to help set your goals.</p> <p><input type="checkbox"/> No: you have completed this activity.</p>	<p>Complete the MFI template for your practice.</p> <p>Refer to the example MFI at the end of this document.</p>

Activity 2 – Understanding your patient depression profile

What is depression?

While we all feel sad, moody or low from time to time, some people experience these feelings intensely, for long periods of time (weeks, months or even years) and sometimes without any apparent reason. Depression is more than just a low mood – it's a serious condition that affects a person's physical and mental health.³

Depression is often accompanied by a range of other physical and psychological symptoms that can interfere with the way a person is able to function in their everyday life. The symptoms of depression generally react positively to treatment.⁴

Activity 2.1 – Data collection from CAT4



The aim of this activity is to collect data to identify patients with depression and assist with the management of these patients

Complete the below table by collecting data from your CAT4 Data Extraction Tool.

Number of patients with depression (select depression and yes under MH conditions) or Number of patients who have had a mental health treatment plan completed in the past 12 months (select depression under conditions) or Number of patients on medications or Number of patients with depression with risk factors (select depression under conditions) or Number of patients with a co-morbidities (select depression under conditions).

	Description	Total number of active patients as per RACGP criteria (3 visits in 2 years)	Total number of active patients
2.1a	Number of active patient population (<i>from activity 1.1</i>)		
2.1b	Number of patients with a diagnosis of depression		
2.1c	Number of child and youth patients (aged 5 to 17 years) with depression		
2.1d	Number of older patients (aged ≥65 years) with depression		
2.1e	Number of patients with post-natal depression in the past 24 months		
2.1f	Number of patients with depression on antidepressant medications		
2.1g	Number of patients with depression and at least one other chronic disease		

Please note: the RACGP defines active as 3 visits in 2 years. This search criteria do not capture those patients who may come in for screening every 2 years, or twice in 2 years e.g. flu vaccine, hence the option to look at all active patients.

³ <https://www.beyondblue.org.au/the-facts/depression>

⁴ <https://www.sane.org/information-stories/facts-and-guides/depression>

Activity 2.2 – Depression measures on benchmark report

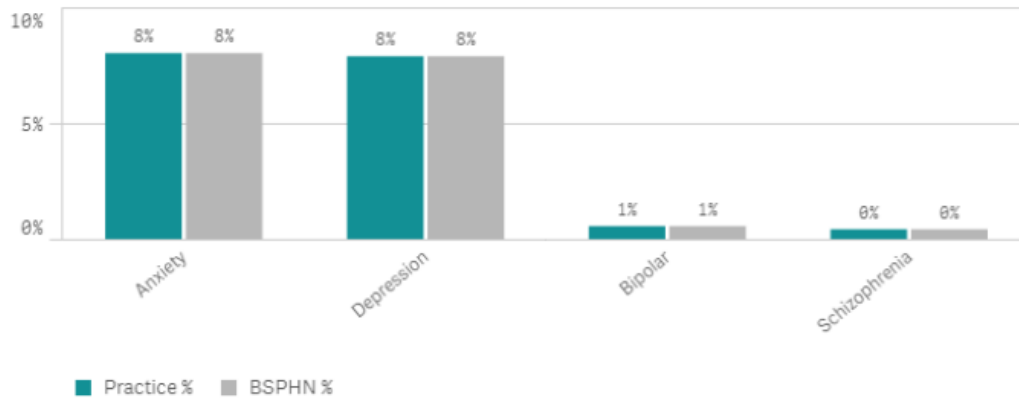


The aim of this activity is to review your practice’s data dashboard on the monthly benchmark report provided by Brisbane South PHN.

You will need your practice’s benchmark report to complete this information.

Mental Health

Chronic Diseases – Mental Health



Mental Health Diagnosis*	-	- %	BSPHN	BSPHN %
Active Patients with a Mental Health diagnosis**	132,420		132,420	
Anxiety	82,115	8%	82,115	8%
Depression	80,736	8%	80,736	8%

	Description	Number	Percentage
2.2a	Active population with coded mental health diagnosis		
2.2b	Active patients with depression		

Please note: searching on the benchmark report includes active patients as defined by RACGP (3 visits in 2 years).

Activity 2.3 – Reviewing your practice depression profile



Complete the checklist below to review your practice’s depression patients.

Description	Status	Action to be taken
After completing activity 2.1 and activity 2.2 , are there any unexpected results with your practice’s depression profile?	<input type="checkbox"/> Yes: see action to be taken. <input type="checkbox"/> No: continue with activity.	Please explain: (e.g. lower number of patients with depression than expected or a large number of patients with depression have drug/alcohol abuse). How will this information be communicated to the practice team?

Description	Status	Action to be taken
<p>Is your practice depression patient profile similar to those at other practices in the Brisbane south region (compare information from benchmark report)?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No: see action to be taken.</p>	<p>Outline the differences – (e.g. <i>our practice has a higher percentage of patients with depression than other practices.</i>)</p> <p>How will this information be communicated to the practice team?</p>
<p>Note the number of patients with depression and at least one other chronic condition. Is there a plan on how to manage these patients?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No: see action to be taken.</p>	<p>Refer to QI toolkits from Brisbane South PHN website for:</p> <ul style="list-style-type: none"> • diabetes • respiratory – asthma and COPD • cardiovascular disease • osteoporosis • CKD.
<p>After reviewing your practice’s depression profile, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?</p>	<p><input type="checkbox"/> Yes: see actions to be taken to help set your goals.</p> <p><input type="checkbox"/> No: you have completed this activity.</p>	<p>Complete the MFI template for your practice.</p> <p>Refer to the example MFI at the end of this document.</p>

Activity 3 – Preventative health for people with anxiety or depression

Looking after physical health is important for everyone, but it can be an extra challenge for people who have anxiety and/or depression.

This may be related to the symptoms of the illness or the side-effects of medication. It may be due to smoking, not getting enough exercise, or other lifestyle factors. Physical health problems can also be overlooked when everyone's focus is on looking after the anxiety or depressive disorder.

Whatever the reasons, people affected by mental illness often have some of the following problems:

- weight gain
- high cholesterol
- high blood pressure
- high blood glucose levels.

These problems may lead to heart disease, diabetes or other illnesses.

The aim of this activity is to look at preventative health options for patients with an anxiety or depression. This will focus on:

- physical activity
- weight and BMI
- alcohol
- other risk factors, including blood pressure, blood sugar level (BSL) and cholesterol.
- smoking

Social determinants

Social determinants influence mental health and wellbeing and include factors such as housing, education, employment, income and social justice. It is suggested that you collect this information for patients.

Mental health disorders and cancer screening

People with mental health disorders are also potentially less likely to participate in cancer screening. Brisbane South PHN has a [cancer screening toolkit](#) to assist with identifying under-screened patients.

Mental health disorders and older people

Mental health conditions are common throughout the Australian population, and older people are more likely to experience contributing factors such as physical illness or personal loss.

It is thought that between ten and fifteen per cent of older people experience depression and about ten per cent experience anxiety.⁵ For more information refer to the [QI toolkit for older people](#).

Physical activity

As defined in the most recent [RACGP report](#) supporting Australia's physical activity and sedentary guidelines for adults, six terms apply to this section:

- physical activity
- intensity
- sedentary behaviours
- frequency
- metabolic equivalent (MET)
- duration

Physical activity is important for mental health, pain management, a range of chronic diseases, disease prevention and health promotion. There is evidence that exercise can be an important part of treatment for anxiety and depression.⁶

⁵ <https://www.beyondblue.org.au/who-does-it-affect/older-people>

⁶ <https://www.sciencedirect.com/science/article/abs/pii/S016517811630909X>

Activity 3.1 – Data Collection from CAT4



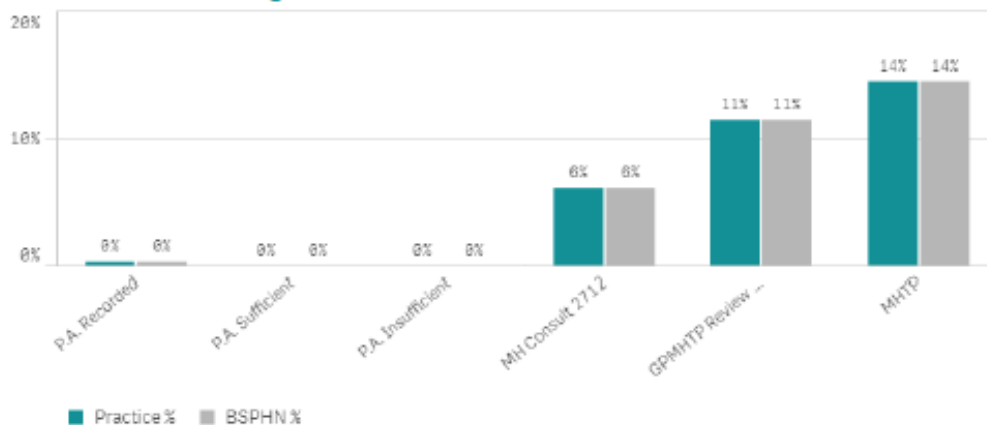
Complete the below table by collecting data from your practice monthly benchmark report.

The aim of this activity is to collect data to determine the number of patients with their physical activity recorded.

	Description	Total Number	% completed	Accreditation target met
3.1a	Number of active patients (3 visits in 2 years) (from activity 1.1)			
3.1b	Number of active patients who have their physical activity recorded			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.1c	Number of active patients with a mental health condition who have their physical activity recorded			

Please note: As a general rule, data recording in this area is low across all practices in the Brisbane South PHN area. If the option for data recording is not user friendly at your practice, please notify your software provider.

Mental Health – Management



Mental Health Management*	-	- %	BSPHN	BSPHN %
Active Patients with a Mental Health diagnosis**	132,420	-	132,420	-
Physical Activity Recorded	384	0%	384	0%

Figure: Sample snapshot of Brisbane South PHN benchmark report – mental health – management.

Smoking and alcohol status

In Australia, while the prevalence of smoking is declining in the general community, it remains high among people with mental illness. Compared with the general population, people with mental illness have higher smoking rates, higher levels of nicotine dependence, and a disproportionate health and financial burden from smoking.⁷ Anxiety disorders may also be linked with increased smoking of cannabis. This may be used as a form of self-medication but is also linked with long-term worsening of anxiety.⁸ Brisbane South PHN have a [QI toolkit](#) with a focus on drug, alcohol and addictions you may wish to complete.

⁷ <https://www.tobaccoaustralia.org.au/chapter-7-cessation/7-12-smoking-and-mental-health>

⁸ <https://www.jwatch.org/na46954/2018/06/22/cannabis-worsens-mood-and-anxiety-disorders-long-run>

Alcohol is often used by people with anxiety as a coping mechanism. This can lead to alcohol dependence and withdrawal, and can cause dangerous interactions with other medications. Alcohol can alter:

- mood
- energy levels
- sleeping patterns
- concentration
- memory
- risk of injury.

Alcohol also reduces inhibitions and impacts decision making.⁹

Activity 3.2 – Data Collection from CAT4



Complete the below table by collecting data from CAT4. [Adult smoking and alcohol status](#) (**change condition to anxiety or depression**).

The aim of this activity is to collect data to determine the number of patients who have their smoking and alcohol status recorded.

	Description	Percentage	Number
3.2a	Number of active (3 visits in 2 years) patients with a mental health condition who are current smokers		
3.2b	Number of active (3 visits in 2 years) patients with a mental health condition who drink alcohol		

Weight, BMI and cholesterol

Sometimes, people feel down or anxious about their weight. They may feel guilty for not being healthy and energetic. They may blame themselves for not being fit and active. As well, if a person has depression or anxiety their appetite, energy levels, self-esteem and weight can all be affected.¹⁰

Links between mental health and heart disease

Heart conditions such as heart attack and angina often occur with anxiety. Anxiety and depression are considerable risk factors for coronary heart disease, along with smoking, high cholesterol and high blood pressure.

- Anxiety and depression are significant risk factors for heart disease.
- Anxiety and depression are linked with conventional risk factors for heart disease (such as an unhealthy lifestyle).
- Anxiety and depression are common among people with heart disease. It affects recovery and increases the risk of further heart incidents. Heart attack patients with anxiety or depression are often less motivated to follow healthy daily routines, which means they may skip important medication, avoid exercise and proper diet, and continue harmful behaviours such as smoking and drinking alcohol.¹¹

Cardiovascular risk calculator

The Australian absolute cardiovascular disease risk [calculator](#) has been produced by the National Vascular Disease Prevention Alliance for the information of health professionals. To use the calculator, you will need a patient’s age, blood pressure, smoking status, total and high density lipoprotein (HDL) cholesterol and ECG LVH if known. It is also included in [Best Practice](#) and [MedicalDirector](#).

⁹ <https://headspace.org.au/young-people/how-does-alcohol-affect-mental-health/>

¹⁰ http://healthyweight.health.gov.au/wps/portal/Home/keep-in-check/managing%20the%20challenges/mental-health-and-weight!/ut/p/a0/04_Sj9CPyKssy0xPLMnMz0vMAfGjzOI9jFxdDY1MDD3dzbycDTzNLfwsfP0MjyJNTfULsh0VAUgJjsw!/

¹¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5149447/>

Activity 3.3 – Data Collection from CAT4



Complete the below table by collecting data from your CAT4. Refer to [BMI](#) or [Cholesterol](#) instructions (**include anxiety or depression under conditions**).

The aim of this activity is to collect data to determine the number of patients with their BMI recorded as overweight or obese and also to monitor cholesterol levels.

	Description		Percentage
3.3a	Number of active patients aged >15 years with an anxiety disorder who have a BMI recorded as 'overweight' in the previous 12 months		
3.3b	Number of active patients aged >15 years with an anxiety disorder who have a BMI recorded as 'obese' in the previous 12 months		
3.3c	Number of active patients aged >15 years with depression who have a BMI recorded as 'overweight' in the previous 12 months		
3.3d	Number of active patients aged >15 years with depression who have a BMI recorded as 'obese' in the previous 12 months		
3.3e	Number of active patients with an anxiety disorder with a total cholesterol result > 7.5		

Please note: this activity asks for you to complete using the RACGP active as 3 visits in 2 years. You may choose to complete search on all current patients, or by looking at a particular age population.

Activity 3.4 – Understanding your practice preventative health activities



The aim of this activity is to increase your understanding of preventative health activities for your patients with an anxiety disorder or depression.

Description	Status	Action to be Taken
After completing activity 3.1 , are there any unexpected results with your practice's patient physical activity status?	<input type="checkbox"/> Yes: see action to be taken. <input type="checkbox"/> No: continue with activity.	Please explain: (e.g. low recording of physical activity status). How will this information be communicated to the practice team?

Description	Status	Action to be Taken
<p>After completing activity 3.2, are there any unexpected results with your practice's patient alcohol and smoking status?</p>	<p><input type="checkbox"/> Yes: see action to be taken.</p> <p><input type="checkbox"/> No: continue with activity.</p>	<p>Please explain: (<i>e.g. high number of patients with an anxiety disorder who drink alcohol</i>).</p> <p>How will this information be communicated to the practice team?</p>
<p>After completing activity 3.3, are there any unexpected results with your practice's patient weight, BMI and cholesterol status?</p>	<p><input type="checkbox"/> Yes: see action to be taken.</p> <p><input type="checkbox"/> No: continue with activity.</p>	<p>Please explain: (<i>e.g. high number of patients with depression who are obese</i>).</p> <p>How will this information be communicated to the practice team?</p>
<p>Are your practice patient measures similar to other practices in the Brisbane south region (<i>compare information from benchmark report</i>)?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No: see action to be taken.</p>	<p>Outline the differences (<i>e.g. we're on par with other practices, others are doing much better than us</i>).</p> <p>How will this information be communicated to the practice team?</p>
<p>Do all relevant team members know how to enter physical activity status in your practice's clinical software?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No: see action to be taken.</p>	<p>Refer to instructions from Best Practice or MedicalDirector.</p>

Description	Status	Action to be Taken
Do all relevant team members know how to enter alcohol and smoking status in your practice's clinical software?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No: see action to be taken.	Refer to instructions from Best Practice or MedicalDirector .
After reviewing practice physical activity, smoking, alcohol, weight, BMI and cholesterol status, are there any changes you would like to implement in the practice to help using practice software, over the next 12 months?	<input type="checkbox"/> Yes, see actions to be taken to help set you goals. <input type="checkbox"/> No, you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Activity 4 – Medicare item numbers for patients with anxiety or depression

Patients with a mental illness **may be eligible** to access chronic disease item numbers within the Medicare Benefit Schedule (MBS). These are dependent on patient age, ethnicity and co-morbidities. Conditions apply to each item number, please ensure the GP understands these prior to claiming the MBS item number/s. Brisbane South PHN have a comprehensive [toolkit](#) looking at MBS items, however, a summary of the item numbers include:

MBS items

- [Mental health consultation \(MBS 2713\)](#)
- [Mental health treatment plan \(MHTP\)](#)
- [Mental health treatment plan \(MHTP\) review](#)
- [Aboriginal and Torres Strait Islander health assessment](#)
- [Health assessments](#)
- [Home medication review](#)
- [MBS telehealth fact sheet](#)



TIP: GPs are required to make sure each patient meets the MBS criteria prior to claiming each item number.

Activity 4.1 – Data collection from CAT4



Complete the below table by collecting data from the CAT4 data instruction tool. Instructions are available for [identifying patients eligible for a mental health treatment plan](#) OR [identifying patients eligible for a mental health treatment plan review](#) (select **anxiety** only under mental health conditions, then click **recalculate** and select **depression**).

The aim of this activity is to collect data to determine the number of patients with an anxiety disorder and depression who may be eligible for a mental health treatment plan or review.

	Description	Total number of active patients as per RACGP criteria (3 visits in 2 years)	Total number of active patients
4.1a	Number of patients with an anxiety disorder (from activity 1.1)		
4.1b	Number of patients with anxiety who have had a MHTP completed in the past 12 months		
4.1c	Number of patients with anxiety who may be eligible for a MHTP		

	Description	Total number of active patients as per RACGP criteria (3 visits in 2 years)	Total number of active patients
4.1d	Number of patients with anxiety who may be eligible for a MHTP review		
4.1e	Number of patients with depression (<i>from activity 2.1</i>)		
4.1f	Number of patients with depression who have had a MHTP completed in the past 12 months		
4.1g	Number of patients with depression who may be eligible for a MHTP		
4.1h	Number of patients with depression who may be eligible for a MHTP review		

Activity 4.2 – Checklist for reflection on MBS claiming



Complete the checklist below to review your practice’s MBS claiming for patients with an anxiety and/or depression disorder.

Questions to consider	Status	Action to be Taken
After completing activity 4.1 , are there any unexpected results with your practice’s claiming for mental health patients?	<input type="checkbox"/> Yes: see action to be taken. <input type="checkbox"/> No: continue with activity.	Please explain: (<i>e.g. low % of patients with a MHTP or we are doing well at claiming MHTP reviews</i>). How will this information be communicated to the practice team?
Are there any patients with an anxiety disorder who would benefit from having a MHTP? (<i>Refer to MBS criteria</i>).	<input type="checkbox"/> Yes, see action to be taken. <input type="checkbox"/> No, continue with activity.	Please explain. What action will you take?

Questions to consider	Status	Action to be Taken
Are there any patients with depression who would benefit from having a MHTP? (Refer to MBS criteria).	<input type="checkbox"/> Yes, see action to be taken. <input type="checkbox"/> No, continue with activity.	<p>Please explain.</p> <p>What action will you take?</p>
Do relevant staff know where to find appropriate templates for MHTP?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	<p>Refer to instructions from Best Practice or MedicalDirector.</p>
Do relevant team members know how to use the MBS items app on Topbar?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No: see action to be taken.	<p>Refer to the instructions on the MBS app.</p> <p>Contact the Digital Health team at Brisbane South PHN on ehealth@bsphn.org.au if your team requires additional training.</p>
Do you know the contact details for any MBS related questions?	<input type="checkbox"/> Yes, continue with the activity. <input type="checkbox"/> No, see actions to be taken.	<p>Email: askMBS@health.gov.au</p> <p>Provider enquiry line - 13 21 50</p>
After reviewing the MBS claiming for patients with an anxiety and/or depression disorder, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?	<input type="checkbox"/> Yes, see actions to be taken to help set you goals. <input type="checkbox"/> No, you have completed this activity.	<p>Complete the MFI template for your practice.</p> <p>Refer to the example MFI at the end of this document.</p>

Activity 5 – SpotOnHealth HealthPathways: anxiety and depression

[SpotOnHealth HealthPathways](#) provides clinicians in the greater Brisbane south catchment with web-based information outlining the assessment, management and referral for many conditions.

SpotOnHealth HealthPathways boasts a range of benefits including:

- the best available information on how to assess and manage common clinical conditions, including when and where to refer patients
- easy online access to clinical and patient resources for in-consult use, peer-reviewed and localised to our region
- integrated, concise, and saving you time.

SpotOnHealth HealthPathways and Topbar

The Topbar app provides a simple one-click access to the HealthPathways website. Topbar will show the app name (default is HealthPathWays) on top of your screen.



Activity 5.1 – Checklist for reflection on use of SpotOnHealth HealthPathways



Complete the checklist below to review your practice's use of SpotOnHealth HealthPathways.

Questions to consider	Status	Action to be taken
Do all GPs and nurses have login details for SpotOnHealth HealthPathways?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Request access .
Do all GPs and nurses know how to access SpotOnHealth HealthPathways via Topbar?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Refer to instructions . Or Contact BSPHN Digital Health Team via email: health@bsphn.org.au .
Do all GPs and nurses know how to refer to Brisbane South PHN commissioned mental health, suicide prevention and alcohol and other drug services?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Refer to Brisbane South PHN .
How will you communicate information so clinicians know where to access details on referring a patient to specialist services?	What is the practice plan for communicating referral information?	
After reviewing the practice usage of SpotOnHealth HealthPathways, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?	<input type="checkbox"/> Yes, see actions to be taken to help set you goals. <input type="checkbox"/> No, you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Activity 6 – Resources and education

Resources for health professionals

- Brisbane South PHN – [GP psychiatry support line](#)
- RACGP – [Mental health guidelines](#)
- NICE Clinical Guidelines – [Generalised Anxiety Disorder and Panic Disorder in Adults](#)
- Psychiatryonline – [Quick reference for anxiety disorders](#)
- Queensland Health:
 - [Clinical Guidelines: Mental Health Act 2016](#)
 - [Mental health forms](#)
- RANZCP - [Keeping body and mind together](#)
- [Clinical Guidelines for the Physical Care of Mental Health Consumers](#)
- Headspace - [clinical toolkit](#)
- American Psychiatric association - [Diagnostic and Statistical Manual of Mental Disorders, 5th edition](#)
- [SpotOnHealth HealthPathways](#)
- [Wellbeing First Report \(Queensland Alliance for Mental Health\)](#).

Education for health professionals

- ThinkGP – [Mental health skills training](#)
- Black Dog Institute – [Managing anxiety online webinar and Anxiety and e-Mental Health factsheet](#)
- BMJ learning module – [Generalized anxiety disorder: diagnosis and treatment](#) - requires registration
- [Insight training](#)
- Queensland health – [education and training](#)
- [Mental health CPD for nurses](#)
- [RACGP e-learning modules](#)
- [Brisbane South PHN education events](#)
- [National Prescribing Service](#) – You can find a number of resources focused on mental health conditions.

Resources for patients

- [Beyond Blue](#)
- [Blackdog Institute](#)
- [CALM – Computer Assisted Learning for the Mind](#)
- Centre for Clinical Interventions – [Progressive muscle relaxation](#)
- [E-couch](#)
- [Emergency crisis contact numbers](#)
- [Mental Health Online](#)
- NPS Medicinewise – [Antidepressant medications explained](#)
- [Reconnexion](#)
- [This Way Up](#)
- [YourHealthinMind – About Depression.](#)

Resources for Aboriginal and Torres Strait Islander and CALD patients

- [First Nations Health Focus](#) – Brisbane South PHN
- [Family support and healing](#) – Queensland Health
- [Beyond Blue](#)
- [Head to health](#)
- [Health translations.](#)

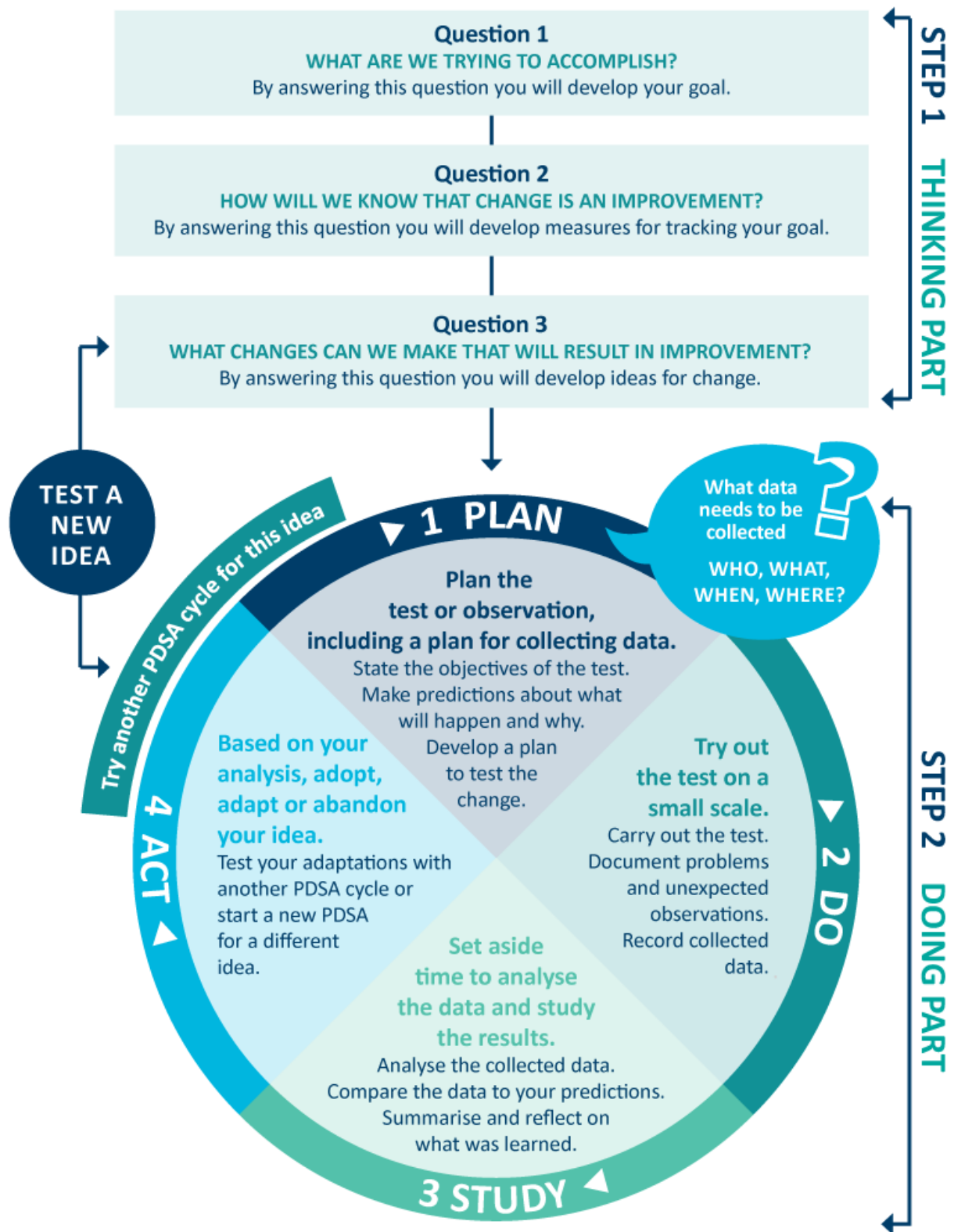
Links to other QI toolkits

After completing this toolkit, you may benefit from choosing one of the following:

- Managing the physical health of a patient with a mental health condition – this toolkit is designed to assist practices to review their patients who may be affected by a mental health condition and review their physical health.
- Alcohol and other drugs – this toolkit is designed to identify patients, develop a register of patients to facilitate better continuity of care and better manage the physical health and comorbidities of patients experiencing problematic substance use and/or dependency.
- Eating disorders – this toolkit can assist to identify patients with and at risk of an eating disorder, including screening and assessment of those with relevant comorbidities or presentations. It also includes prevention, early identification, appropriate intervention including referral pathways and identifying eligible MBS eating disorder and other funding streams.

The full [suite of toolkits](#) are available on Brisbane South PHN's website.

Model for Improvement diagram



Source: <http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx>

MFI and PDSA template EXAMPLE

Step 1: The thinking part - The 3 fundamental questions

Practice name:	Date:
Team members:	
Q1. What are we trying to accomplish? (Goal)	
By answering this question, you will develop your GOAL for improvement. Record this as an S.M.A.R.T. goal (Specific, Measurable, Achievable, Relevant, Time bound).	
<i>Our goal is to:</i> Ensure all patients with an anxiety disorder have a MHTP completed. This is a good start, but how will you measure whether you have achieved this goal? The team will be more likely to embrace change if the goal is more specific and has a time limit. So, for this example, a better goal statement would be: <i>Our S.M.A.R.T. goal is to increase the percentage of people with anxiety who have a MHTP completed in the past 12 months by 10% by 31st July.</i>	
Q2. How will I know that a change is an improvement? (Measure)	
By answering this question, you will determine what you need to MEASURE in order to monitor the achievement of your goal. Include how you will collect your data (e.g. CAT4 reports, patient surveys etc.). Record and track your baseline measurement to allow for later comparison.	
We will measure the percentage of active patients who have their alcohol consumption recorded. To do this we will: A) Identify the number of active patients with an anxiety disorder. B) Identify the number of active patients with an anxiety disorder and a MHTP completed in the past 12 months. B divided by A x 100 produces the percentage of patients who have had their alcohol consumption recorded. BASELINE MEASUREMENT: 17% of active patients with an anxiety disorder will have a MHTP completed.	
Q3. What changes could we make that will lead to an improvement? (List your IDEAS)	
By answering this question, you will generate a list of IDEAS for possible changes you could implement to assist with achieving your S.M.A.R.T. goal. You will test these ideas using part 2 of this template, the 'Plan, Do, Study, Act (PDSA)' cycle. Your team could use brainstorming or a driver diagram to develop this list of change ideas.	
IDEA: Identify active patients with an anxiety disorder who have not had a MHTP completed. IDEA: Create a Topbar prompt for eligible patients who do not have a plan recorded. IDEA: Clinical team discuss how they can complete plans opportunistically. IDEA: Source and provide endorsed patient education resources (in waiting rooms, toilets etc.).	

Note: Each new GOAL (1st Fundamental Question) will require a new MFI plan.

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

MFI and PDSA template

Step 2: The doing part - Plan, Do, Study, Act

You will have noted your IDEAS for testing when you answered the 3rd fundamental question in step 1. You will use this template to test an idea. Ensure you communicate the details of the plan to the entire practice team.

IDEA	Record the change idea you are testing
Which idea are you going to test? (Refer to Q3, step 1 above)	
Identify active patients with an anxiety disorder who do not have a MHTP completed in the past 12 months.	
PLAN	Record the details of how you will test your change idea
Plan the test, including a plan for collecting data	What exactly do you plan to do? Record who will do what; when they will do it (day, time etc) and for how long (1 week, 2 weeks etc); and where (if applicable); the data to be collected; and predictions about the outcome.
<p>WHAT: Mary will conduct a search on CAT4 to identify active patients with an anxiety disorder without a MHTP completed in the past 12 months. A Topbar prompt will be created for eligible patients.</p> <p>WHO/WHEN/WHERE: Who: Receptionist. When: 1st March. Where: Dr Brown’s office.</p> <p>DATA TO BE COLLECTED: Number of active patients with an anxiety disorder and the number of active patients with an anxiety disorder and a MHTP completed.</p>	
DO	Run the test, then record your actions, observations and data
Run the test on a small scale	What did you do? Were there any deviations from the original plan? Record exactly what you did, the data collected and any observations. Include any unexpected consequences (positive or negative).
<p>Done – completed 31st July – Mary conducted a search on CAT4 and identified active patients with an anxiety disorder who did not have a MHTP completed. She then created a Topbar prompt to ensure the practice team members were alerted to the missing information when the patient arrived for their next appointment. Tom, the practice nurse conducted a quick demonstration in the staff room on how to complete a MHTP using the templates available in the practice software. During the training, 2 of the new GPs were not aware that they could complete the K10 directly in the patient’s file, so further upskilling was provided there. The GPs mentioned that they had felt they were getting too many patients in a day that were suggested to have a MHTP and they didn’t have the time booked with the patient to have this done. As a team, they decided to focus on patients aged between 21 & 35 years to start with.</p>	
STUDY	Analyse the data and your observations
Analyse the results and compare them to your predictions	Was the plan executed successfully? Did you encounter any problems or difficulties? What worked/didn’t work? What did you learn on the way? Compare the data to your predictions. Summarise and reflect on what was learned.
<p>At the end of the focus on MHTP for patients with an anxiety disorder, 31% of patients with an anxiety disorder have a MHTP completed in the past 12 months. This was a 14% increase, which exceeded our goals. Results have been shared with the whole practice team and cake was purchased as a celebration.</p> <p><i>Communicate the results of your activity with your whole team. Celebrate any achievements, big or small.</i></p>	

ACT	Record what you will do next
Based on what you learned from the test, record what your next actions will be	Will you adopt, adapt or abandon this change idea? Record the details of your option under the relevant heading below. <i>ADOPT: record what you will do next to support making this change business as usual; ADAPT: record your changes and re-test with another PDSA cycle; or ABANDON: record which change idea you will test next and start a new PDSA.</i>
<p>ADOPT: The practice will continue to complete MHTP for patients with an anxiety disorder, but will look at all age groups.</p> <p>ADAPT:</p> <p>ABANDON:</p>	

Repeat step 2 to re-test your adapted plan or to test a new change idea

Acknowledgements

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Brisbane South PHN, 2022

