Being Equally Well Policy Roadmap for better physical health and longer lives for people living with serious mental illness: Commonwealth Budget 2022-23 proposal

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About us

The Mitchell Institute for Education and Health Policy at Victoria University is one of the country's leading education and health policy think tanks and trusted thought leaders. Our focus is on improving our education and health systems so more Australians can engage with and benefit from these services, supporting a healthier, fairer and more productive society.

The Australian Health Policy Collaboration is led by the Mitchell Institute at Victoria University and brings together leading health organisations and chronic disease experts to translate rigorous research into good policy. The national collaboration has developed health targets and indicators for preventable chronic diseases designed to contribute to reducing the health impacts of chronic conditions on the Australian population.

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Commonwealth Budget 2022-23 proposal

This proposal seeks funding for several key components of the Being Equally Well National Policy Roadmap, to initiate change in structural impediments in health service arrangements and access to health care to enable and promote better health outcomes for people living with serious mental illness. The Being Equally Well National Policy Roadmap was launched by the Australian Government Minister for Health, the Hon. Greg Hunt MP, in August 2021. The Minister welcomed the report on behalf of the Government.

Nearly 80% of people with serious mental illness die prematurely of chronic physical health conditions that could be effectively managed and often prevented. Developed through a collaboration of general practitioners (GPs), psychiatrists, mental-health consumers and carers, and other health professionals, the Roadmap lays out changes to how medical services can work better with structural investments and funding adaptation. The goal of the Roadmap is to enable better physical health care for the more than 400,000 Australians who live with serious mental illness with the objective of achieving equitable health and longer lives.

Background

Current health care services are simply and starkly failing to provide adequate physical health care for people with serious mental illness.

Based on estimates from the Global Burden of Disease report in 2010, a 2016 report for the Royal Australian and New Zealand College of Psychiatrists (RANZCP) and the AHPC estimated that there were 407,938 people living with serious mental illness in Australia in 2014 (The Royal Australian and New Zealand College of Psychiatrists, 2016).

People with serious mental illness have higher rates of physical illness, particularly chronic diseases, and a far shorter life expectancy than the general population. In particular, life expectancy is shortened by up to 30% for clients of public mental health services compared with the general population. This equates to a life expectancy of between 50-59 years. Between 80% and 95% of the causes of early death relate to physical illnesses such as cardiovascular disease, respiratory illnesses, diabetes, and cancer.

Currently, people with a severe mental illness are:

- Six times more likely to die from cardiovascular disease
- Four times more likely to die from respiratory disease

- Three to four times more likely to die prematurely
- Two to four times more likely to die from infectious diseases
- Likely to die 20 years earlier than the general population and account for approximately one-third of all avoidable deaths.

Considerable work has been done in Australia to highlight this disparity. The establishment and support of Equally Well Australia is a major commitment to leading change in health care and health outcomes for people with mental illness. However, the critical lack of coordination between mental health services and physical health services, particularly primary care, has been the major structural barrier to improvement. The Being Equally Well project addressed 'what needs to change at the front lines of care' and has provided government, health services and health professionals with a detailed roadmap of what needs to be changed in infrastructure arrangements, in funding and workforce arrangements, and in health care practice and processes.

The Being Equally Well Roadmap comprises implementable, evidence-based changes that are feasible, affordable, and practical. It was designed by mental and physical health practitioners working collaboratively with consumers and carers. It is based on their professional and personal experience and addresses the many frustrations that both professionals and consumers report from the current ill-designed health service arrangements.

Previous and ongoing work to tackle the challenge of the health and life expectancy gap for people living with serious mental illness has had only limited effect. The Roadmap proposals are different because they have been shaped by the combined knowledge and experience of those involved at the interface health care delivery: the consumers, carers and front-line clinicians.

Similar national, state and territory enhancements to health care services have successfully reduced deaths and disability from stroke for example and have provided tailored shared care health services and support for cancer patients with their physical and mental health care through treatment and its consequences. People with serious mental illness need the same commitment and attention to reduce preventable deaths and serious physical illness.

A vital report on what needs to be done to improve the health care of disadvantaged individuals and population groups can achieve nothing without a commitment to and investment in implementation.

The Budget proposal

The following four initiatives are designed to contribute substantially to the uptake of evidence-based improvements in health care and health services that are essential to the physical health and wellbeing of people living with serious mental illness.

We are confident that investment in these initiatives will also influence and improve the physical health care of people living with a broader range of mental health conditions.

The initiatives and their estimated costs are:

1. DEVELOPMENT OF NATIONAL CLINICAL SHARED CARE GUIDELINES FOR THE PHYSICAL HEALTH CARE OF PEOPLE WITH SERIOUS MENTAL ILLNESS

National clinical shared care guidelines assist clinicians and consumers to make decisions about appropriate health care for specific clinical circumstances. Guidelines currently exist for the risk factors for physical health impacts of, and for medicines used in treatment, particularly antipsychotics, but are not coordinated between psychiatrists and GPs. The development of intercollegiate care guidelines would lead to a protocol for shared care of those on medication for serious mental illness, including antipsychotic medication and monitoring of cardiometabolic risk factors. Development of these guidelines would be led by the Royal Australian College of General Practitioners and the Royal Australian and New Zealand College of Psychiatrists. The successful NSW HETI Positive Cardiometabolic Health Algorithm developed by Dr Jackie Curtis would inform the guidelines. The cost of development of the guidelines is offset by a substantial amount of evidence review and development by both the Being Equally Well expert working groups and the NSW Mindgardens research group.

The implementation cost of the development and dissemination of the guidelines is estimated at $400,000.

2. ESTABLISHMENT OF A PILOT PROJECT TO DEVELOP A NATIONAL MENTAL HEALTH CLINICAL QUALITY REGISTRY (NMHCQR)

The NMHCQR would provide high quality data and measurements to inform clinical practice and to measure national progress towards parity in life expectancy for people with serious mental illness through the reporting of clinical outcomes data to health care providers to inform and guide quality improvement in health care. The Being Equally Well National Policy Roadmap recommended that the Registry be established by the Australian Commission on Safety and Quality in Health Care (ASQHC) and that it be the subject of an annual report to the Australian Health Council.

Clinical quality registries have a long history of improving the quality of care and reducing the costs of healthcare. For instance, the Australia and New Zealand Dialysis and Transplantation Registry (ANZDATA) between 2004 and 2014 achieved the following reductions and savings:

- 15% in the dialysis mortality rate (1156 fewer deaths);
- 39% in transplant graft loss rate (606 fewer transplant grafts lost); and

- 40% in peritonitis rates (2573 fewer infections).

The return on investment was $7 for every dollar spent.

We seek funding of $700,000 for a two-year pilot project to support a national consultation to establish a national minimum data set and governance arrangements and to undertake a feasibility trial to inform implementation of the Registry.

3. ESTABLISHMENT OF PRIMARY HEALTH NETWORK (PHN) PRACTICE-BASED NURSE NAVIGATOR ROLES AND SERVICES

Access to both physical and mental health care is essential for people living with serious mental illness and is commonly a complex and difficult challenge for individuals and their carers. At the same time, many individuals struggle to access support to help them address lifestyle related risk factors such as smoking, weight control, engaging in physical activity and dealing with homelessness and other issues. Living in rural and remote areas further accentuates these challenges. Current health care guidelines indicate that intensive external support is needed to optimise health outcomes.

The Being Equally Well National Policy Roadmap recommended the establishment of nurse navigator positions as an essential component of shared care and integrated physical and mental health care support for people with serious mental illness and with, or at risk of, physical health comorbidities. Nurse navigators are optimally positioned as part of primary care, within general practice, providing clinical support with treatment and management for people with chronic and complex health needs. The principal functions of a nurse (or clinical) navigator role are: care navigation, case management, care coordination and planning, coaching and facilitation of social and non-clinical support, liaison, education and advocacy.

Nurse navigator roles would be instrumental in implementing the recommended shared care guidelines and would deliver on aims and objectives of the draft Primary Health Care 10 Year Plan. The pilot study would begin developing the capabilities of the health workforce to understand, build and sustain the links between physical and mental health. This is a central component of a successful system of health care for people with serious mental illness. Practice-based nurse navigators supported through PHNs as proposed will assist people with serious mental illness navigate the shared care service system. Annual cost of each nurse navigator position including oncosts and operational costs is estimated at $122,000 per annum. National project coordination and research and data analysis is estimated at $200,000 per annum.

Establishment of an initial three-year program providing funding for 20 nurse navigators with commitment for staged increase to a minimum national benchmark capacity (such as one full time position per 20 GPs) is proposed. This would ideally be in conjunction with the establishment of demonstration Physical and Mental Health Quality Improvement Collaboratives within 5 – 8 PHNs and in conjunction with the Equally Well PHN Community of Practice. The model of care would be implemented and co-designed with general practice and mental health services, and would develop

guidelines for implementation of the model across all PHNs. Evaluation of the demonstration projects would inform implementation and sustainability of the model nationally.

We propose funding of $2.64 million per annum, $7.92 million over 3 years, to support 20 nurse navigator positions within 5 to 8 PHNs with a national evaluation study to inform subsequent program development.

4. ESTABLISHMENT OF A NATIONAL NETWORK OF QUALITY IMPROVEMENT COLLABORATIVES

A national network of Quality Improvement Collaboratives is proposed to support rapid and comprehensive implementation of existing clinical guidelines and consequent improvements in clinical practice. A Quality Improvement Collaborative is an organised, multifaceted approach that includes teams from multiple healthcare sites coming together to learn, apply and share improvement methods, ideas and data on service performance for a given healthcare topic. It is regarded as the fastest way to get evidence into practice. Collaboratives have also been shown to improve outreach to marginalised or 'hard to reach' groups. Being Equally Well expert working groups agreed that there is a need to adapt primary care services to respond to the complex needs of people living with serious mental illness and physical health comorbidities, and a Collaboratives approach is the most effective approach.

Establishment of a National Network of Quality Improvement Collaboratives for mental health services and primary care would address a number of the objectives of the Primary Health Care 10 Year Plan (draft) to lead, inform and support quality health care improvements through primary healthcare and mental health services.

The Being Equally Well National Policy Roadmap recommended that a national network be supported by a National Office for Quality in Physical and Mental Healthcare Outcomes, established within the Australian Commission on Safety and Quality in Health Care (the Commission). Among its roles would be training PHN Collaborative staff, receiving and returning the aggregated practice Quality Improvement measures and preparing the annual report on quality outcomes in physical and mental health care as recommended by the Being Equally Well policy roadmap.

We propose that funding be provided over three years to begin a national rollout of Physical and Mental Health Quality Improvement Collaboratives augmented by nurse navigators so that their role can be developed in pursuit of better outcomes. We propose that the roll-out be achieved through an expression of interest strategy seeking high quality best in field proposals to establish 5 to 8 demonstration Collaboratives in an initial group of Primary Health Networks, supported by establishment of a National Office and a Collaboratives coordination and support network.

The Commission would hold funding to contract with each participating PHN to provide a Collaborative Program Manager (CPM). The Collaborative Program Manager roles

would be responsible for the development and operation of the Collaboratives program throughout each PHN, including the engagement of general practices in successive Collaborative Waves of activity involving 10-15 practices in each Wave. Three Waves of activity could be conducted within the funding period. The program manager would also develop and support Communities of Practice in each PHN so that all practices within the PHN are able to benefit for quality improvement information and support. These positions would work to outcomes established for the national network by the National Office and based on the Being Equally Well measures of success in physical and health care outcomes for individuals.

The proposed nurse navigator positions within participating PHNs would draw their patient caseloads from the practices participating in the Collaboratives. The combination of nurse navigators and practice participation in Collaboratives are a key to the system change needed to improve physical health outcomes for all people living with serious mental illness and can be expected to inform and enhance the health care of all people living with mental illness.

Subsequent expansion of the program should establish a Collaborative within each of the 31 Primary Health Networks nationally.

Funding would provide for:

- Establishment and operation of a National Office for Quality in Physical and Mental Healthcare Outcomes
    - $300,000 per annum, total cost for three years $900,000.
- Establishment of 5 PHN Collaboratives Program Manager positions by the National Office, deployed nationally to lead and support participating PHNs to establish and sustain Collaboratives within each PHN through the funding period.
    - $130,000 per position per annum, with operational support costs at $20,000 per position per annum. Total cost over three years is $2.25 million.
- Establishment and operation, over three years, of demonstration Quality Improvement Collaboratives within 5 – 8 Primary Health Networks through an expression of interest selection process, with establishment funding of $100,000 for each Collaborative.
    - Total cost $500,000 - $800,000.
- Additionally, each participating PHN would appoint one or more nurse navigators providing clinical care coordination and support for patients (based on consent) attending GP practices participating in the Collaboratives program within the PHN (as costed above).

We propose funding of $4.75 million over three years to establish and support a National Network of Physical and Mental Health Quality Improvement Collaboratives beginning with demonstration projects within five to eight PHN catchments.

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