

## Eating Disorder Treatment and Management Plans

### What are they and how do they work?

An Eating Disorder Treatment and Management Plan (EDP) is one of the ways that a person can receive treatment for an eating disorder. It is part of the Medicare Benefits Scheme and is usually managed by the person's GP.

This factsheet provides information for people seeking treatment for an eating disorder and their families and supports. It focuses on the EDP pathway, outlining the treatment and services available under an EDP, including the practitioners and care team members, the steps involved in developing an EDP, and how to access the sessions.

For information about the other Medicare pathways (Mental Health Care Plan and Chronic Disease Management Plan), refer to the section 'What if I am not eligible for an EDP?'

### What is an EDP?

An EDP is a plan that sets out the treatment and other related services that a person can receive for their eating disorder. The EDP entitles the person to Medicare subsidies to access a range of health professionals, including:

- assessment and treatment planning
- up to 40 sessions of evidence-based psychological treatment from a mental health professional. This can include individual and/or group sessions.
- up to 20 sessions of dietetic services from an Accredited Practising Dietitian
- review and ongoing management services by the GP and care team to ensure you can access the appropriate level of intervention.

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### Who is eligible for an EDP?

There are two groups of eligible patients who can access an EDP:

- People with a clinical diagnosis of [anorexia nervosa](#). People experiencing anorexia nervosa are eligible for an EDP without any further criteria needing to be met.
- **or**
- People who have a clinical diagnosis of [bulimia nervosa](#), [binge eating disorder \(BED\)](#), or [other specified feeding and eating disorders \(OSFED\)](#) AND meet the eligibility criteria below:

1. A score of 3 or higher on the [Eating Disorder Examination Questionnaire \(EDE-Q\)](#). The EDE-Q is a questionnaire used to assess eating disorder thoughts and behaviours.
2. The eating disorder is characterised by rapid weight loss, or frequent binge eating, or [inappropriate compensatory behaviour](#) (for example, vomiting, misusing laxatives, or excessive exercise) three or more time per week;  
**and**
3. Two of the following indicators are present:
  - clinically underweight where weight loss is directly attributable to the eating disorder
  - current or high risk of medical complications due to eating disorder behaviours and symptoms
  - significant functional impairment resulting from serious co-occurring medical or psychological conditions
  - admission to a hospital for an eating disorder in the previous 12 months
  - not responding well to treatment over the past 6 months despite active and consistent participation.

People experiencing avoidant/restrictive food intake disorder (ARFID) are currently not able to access care under an EDP. Please refer to alternative support services outlined [below](#), including Mental Health Care Plans.

## Who do I talk to about getting an EDP?

A GP, paediatrician, or psychiatrist can develop an EDP. It is important to allow a longer appointment time to discuss and develop a plan that meets your needs – we recommend requesting a double appointment when you book.



## How can I prepare for the planning appointment?

It is helpful to provide your health professionals with as much information as possible so that you can help them understand the eating disorder thoughts and behaviours.

✓ **If you are a parent or carer of a young person aged under 18**, we encourage you to complete the checklist on the [Feed Your Instinct \(FYI\)](#) website. The [FYI Eating and Body Image Checklist](#) outlines some behaviour, emotional, or physical changes you may have noticed in your child. Once the checklist is completed, you will receive a personalised report with a summary of the information you have provided and suggested strategies for you to implement. It is helpful to show this to your GP, paediatrician, or psychiatrist.

✓ **If you are over 18**, complete the Reach Out and Recover Checklist (ROAR), print the report and take it with you to your GP or psychiatrist appointment. The ROAR Checklist asks questions about behaviours and thinking patterns related to eating and body concerns. It will also ask about the impact of eating and body concerns on other aspects of your life.

## What happens at the planning appointment?

Your medical practitioner will talk to you about your difficulties, complete some physical assessments (e.g., blood pressure, weight), and ask you to complete the [EDE-Q](#). They will talk to you about your goals for treatment and explore what would be required to support you towards recovery.

Your medical practitioner will be able to determine whether you are eligible for an EDP during this appointment. If you are eligible for an EDP, your medical practitioner will complete the required paperwork and make referrals to an appropriate mental health professional and dietitian.

It is important that a copy of the EDP is provided to the person experiencing an eating disorder, and their family (as appropriate).

If you are not eligible for an EDP, your medical practitioner can support you to access other services. These are outlined below in the [‘What if I am not eligible for an EDP?’](#) section.

## What sort of treatments are provided by a mental health professional under an EDP?

Mental health professionals providing care under an EDP will have appropriate training, skills, and experience in treatment of people with eating disorders. Mental health professionals able to provide treatment under an EDP include psychologists, occupational therapists, social workers, and medical practitioners in general practice with appropriate mental health training that are registered with Medicare to provide services as part of an EDP.

There are specific [treatment models](#) that can be delivered as part of an EDP. These have been chosen based on the available evidence about how effective they are.

- Family Based Treatment (FBT) for Eating Disorders (including whole family, Parent Based Therapy, parent only or separated therapy)
- Adolescent Focused Therapy (AFT) for Eating Disorders
- Cognitive Behavioural Therapy (CBT) for Eating Disorders (CBT-ED)
- CBT for Anorexia Nervosa (CBT-AN)
- CBT for Bulimia Nervosa (CBT-BN)
- CBT for Binge Eating Disorder (CBT-BED)
- Specialist Supportive Clinical Management (SSCM)
- Maudsley Model of Anorexia Treatment in Adults (MANTRA)
- Interpersonal Therapy (IPT) for Bulimia Nervosa and Binge Eating Disorder
- Dialectical Behavioural Therapy (DBT) for Bulimia Nervosa and Binge Eating Disorder
- Focal Psychodynamic Therapy for Eating Disorders

We suggest you talk to your medical practitioner about the types of treatments that might be a good fit for you and your family, and ask them to refer you to a mental health professional who is skilled in those treatments. The mental health professional will provide a treatment model which is best suited to the person’s needs, and which they have appropriate expertise to deliver.

## What sort of treatments are provided by a dietitian under an EDP?

Dietitians have qualifications and skills to provide expert nutrition and dietary advice. They can provide nutrition assessment and conduct ongoing monitoring and evaluation, provide nutrition intervention including structure, education, and support to encourage regular and normalised nutritional intake and eating behaviours, and provide nutrition support for specific needs (e.g., pregnancy, diabetes).

## How long does an EDP last for?

**An EDP is valid for 12 months from the date it was created by the medical practitioner.**

It is not based on a calendar year. Your count of EDP psychological and dietetic services will start from the date of the EDP and apply to all services provided within that 12-month period. Once this time has lapsed, a new EDP will need to be created and new referrals made for psychological and dietetic treatment. You cannot carry over sessions that were not used in the preceding 12 months into your new plan.

If you use all of your 40 psychological and/or 20 dietetic sessions in less than 12 months, you will need to wait until the 12-month period has lapsed before starting a new EDP (if eligible). You may be able to pay privately for further sessions before this date, without receiving a Medicare rebate. If you have private health insurance, you may be able to access some cover for these sessions. We recommend speaking with your insurer to find out more.

## How often should I see my GP (or other medical practitioner)?

**You will need to see your managing practitioner for up to three reviews over the 12 months, as well as go for regular medical monitoring.**

In most cases, your GP will be the *managing practitioner* (the medical practitioner is who managing the EDP). An EDP review is required by the managing practitioner after every 10 psychological treatment sessions. This means that a review may be required up to three times over the 12-month period (after 10 sessions, 20 sessions, and 30 sessions) to access the full 40 psychological treatment sessions. During the review appointments, your medical practitioner will review your progress against the EDP treatment goals and recommend whether the EDP should continue. For example, your treatment plan and goals may be modified to ensure that the EDP is helping to improve outcomes for you. If recommended, the practitioner will make a referral for a further 10 EDP sessions to the mental health professional.

The full 20 dietetic sessions can be accessed at any time while the EDP is active. You do not need a review to gain access to further dietetic sessions. Your managing practitioner will still ask about your progress in dietetics as part of your plan reviews.

The frequency of medical monitoring appointments will depend on factors associated with your health and might change over time. If you change medical practitioner while your EDP is active, it is important to inform your new medical practitioner that you have an EDP in place.

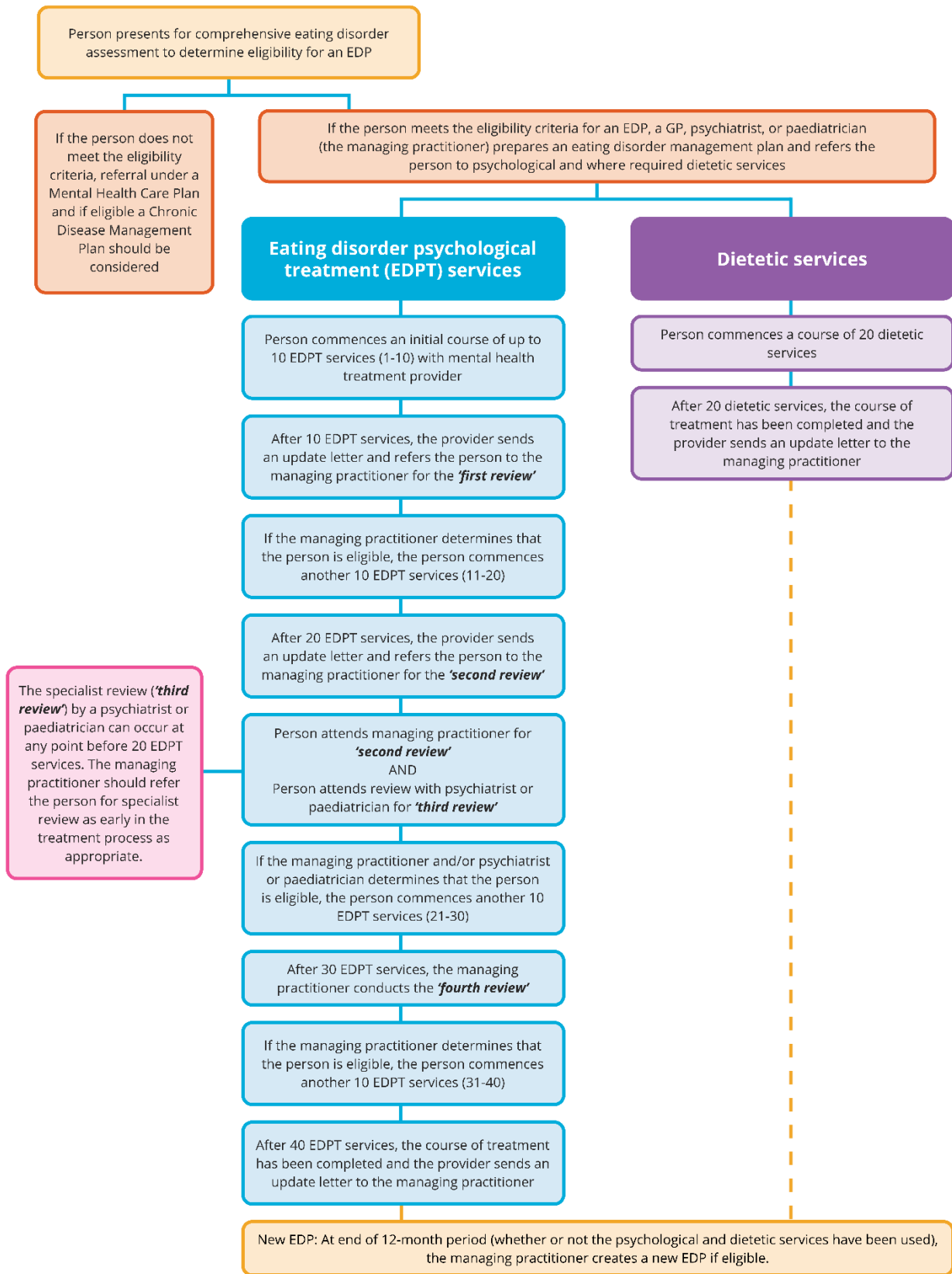
## Do I need to see any other professionals?

**In addition to the reviews by the managing practitioner outlined above, a specialist review by a psychiatrist or paediatrician is required for you to be able to access the EDP psychological sessions 21-40.**

This review can occur at any point before the 21<sup>st</sup> psychological session but is generally completed between sessions 10-20. The specialist review can be provided face-to-face or via telehealth.

The managing practitioner will make a referral for this specialist review. We recommend making an appointment for the specialist review early in the treatment process as there can be long wait times to see a psychiatrist or paediatrician. This will help to ensure that you do not have to wait to access the remaining sessions.

See below for a flowchart of the steps involved in accessing the services under an EDP.



## **I've heard about case conferences. What are they and how do they work?**

Case conferences can be held for people who have an active EDP. Case conferences involve the medical practitioner and at least two other members of the care team (e.g., the mental health professional and dietitian). The person, family members, carers, or other people providing support to the person experiencing an eating disorder can attend the case conference, but do not count towards the minimum number of providers required.

Case conferences help the care team to discuss the care plan in a collaborative way, understand any difficulties that have arisen, and ensure that the care plan is meeting the needs of the person experiencing an eating disorder.

It is expected that a person experiencing an eating disorder would not require more than four case conferences within a 12-month period. The cost of case conferences is covered by Medicare.

If you think that you need a case conference with your care team, your managing practitioner can help to arrange this.

## **Can I access sessions under an EDP as well as sessions under other Medicare plans/ items?**

People experiencing an eating disorder may have more than one type of care plan in place, however, services under other care plans count towards the total services a person can have under their EDP.

For example, if you have a Mental Health Treatment Plan (see below) or a Chronic Disease Management Plan, any mental health sessions and/or dietetic sessions accessed under these plans are counted towards the total number of mental health and dietetic sessions accessed under the EDP. So, if you have used 10 sessions under your Mental health Treatment Plan, you will only be able to access 30 psychological sessions under your EDP in that 12-month period.

If you are experiencing co-occurring mental health difficulties (for example, anxiety or depression) in addition to an eating disorder, treatment for your co-occurring mental health condition should be delivered as part of the EDP psychological treatment services. This is because it is important for your provider to take a holistic view of your mental health and the ways that your eating disorder and your other mental health conditions affect each other.

## **How much will the mental health and dietetic sessions cost under an EDP?**

For most services there is a 'gap' fee between the Medicare subsidy and the session cost. You will need to pay this 'gap' fee. Costs and rebates for sessions will vary depending on the treatment provider. Your managing practitioner may help you with finding out this information, or you can contact the practice of the mental health professional and dietitian to ask for this information.

If you're experiencing financial hardship, the treatment provider may offer a reduced gap fee, however this will be at their discretion and in line with their policies. Again, you can contact the practice to ask about this, or you may be able to ask your managing practitioner to assist. You may also be able to access financial assistance or advocacy – we recommend checking [AskIzzy](#) as a first step in finding relevant support.

## What if I am not eligible for an EDP?

There are other treatment options available if you are not eligible for an EDP. These include:

- [Mental health treatment plan](#): A mental health treatment plan lets you claim up to 10 individual and 10 group sessions with a mental health professional each calendar year (1 January – 31 December). This is sometimes referred to as the 'Better Access initiative'.  
In some cases, a medical practitioner may refer a person for care under a mental health treatment plan, however during treatment, it is then determined that the person would benefit from and be eligible for an EDP. An EDP could then be provided, noting that any mental health sessions used under the mental health treatment plan will count towards sessions allocated for the EDP.
- Public service: your GP may refer you to a community-based mental health service, such as Child and Adolescent Mental Health Services (CAMHS) or Adult Mental Health Services (AMHS), headspace, and/or Head to Health
- [Chronic disease management \(CDM\) plan](#): CDM plans are available for people living with chronic medical conditions and require a more organised and coordinated approach to care by the GP. In some cases, this will require multidisciplinary, team-based care and include at least two other health care providers. A CDM plan is developed and managed by a GP. This type of plan enables a GP to plan and coordinate the multidisciplinary care team and treatments.
- State-funded eating disorder services: Victoria and Queensland have state government funded services that you can access for free. These are [Eating Disorders Victoria](#) and [Eating Disorders Queensland](#).



### Important things to remember

Some doctors may not be aware of the EDP or how they can use it to support you. You can suggest that they read the information on the [National Eating Disorders Collaboration website](#).

## What support is available to me as a carer?

Caring for someone with an eating disorder can be challenging emotionally and can impact your own mental health. It can also have a significant financial impact.

You can access counselling through Eating Disorders Families Australia (EDFA) through their [Fill the Gap](#) program, as well as their [carer support groups](#) and [education webinars](#). EDFA also provide information on their website about [strategies to look after yourself](#).

The National Eating Disorders Collaboration (NEDC) provides information and links to a range of resources and strategies on their website, including the [Caring for Someone with an Eating Disorder booklet](#).

Read about [how to support someone with a mental health condition](#) on the Head to Health website.

You can use the Australian Government's [Carer Gateway](#) for information on other kinds of support, including practical, social, and emotional help.

### Medicare services for carers

We encourage carers to talk to their GP about other services that may be available under Medicare. You might consider asking for a Mental Health Care Plan of your own, if the experience of caring for a loved one with an eating disorder is affecting your mental health.

### Financial support for carers

Centrelink offers support through:

- [Carer Payment](#) - an income support payment if you give constant care to someone
- [Carer Supplement](#) - an extra yearly payment for some carers
- [Carer Adjustment Payment](#) - a one-off payment for carers of children under 7 with severe illness or major disability.

**Each stage of recovery from an eating disorder will bring its own triumphs and challenges to both the person living with the eating disorder and to those caring for and supporting them. There are resources and supports available to help you through challenges.**

**National Eating Disorders  
Collaboration (NEDC)**

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**Eating Disorders Families  
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